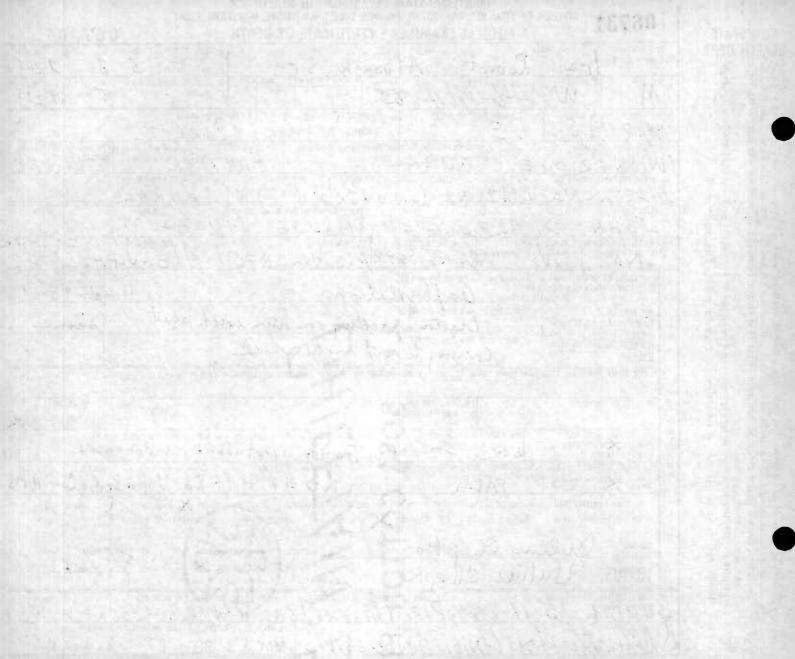
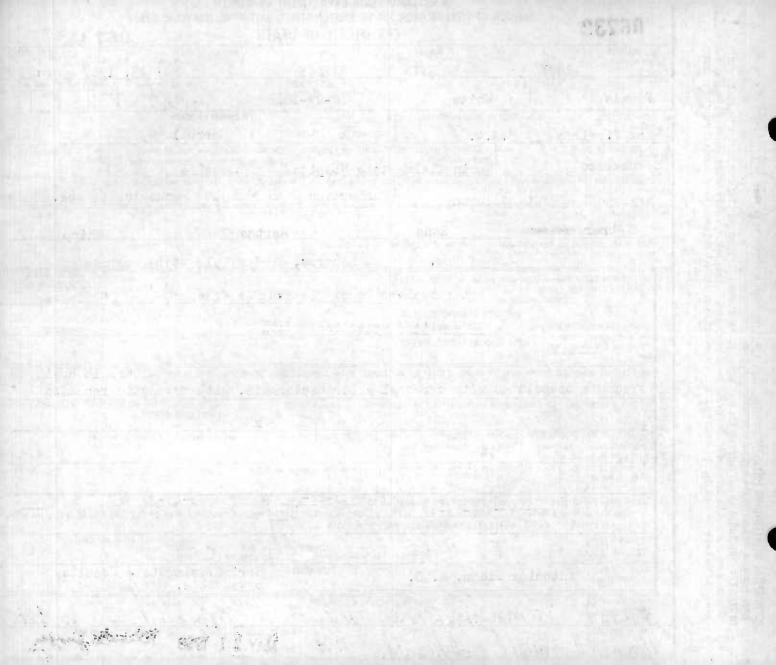
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			6730
HEALTH DEPT.		ECEASED-NAME First Middle Last 2g DATE KNOWN Month	Day Year 2b. HOUR
to to of		Type or Print) Ira Robert Albough Sr. DEATH MATED 5	8 189 205 M
2, and 3 to PM3. Page	3. S	A/ BA A LOSS MONTHS DAYS HOURS MIN AS ALL	2d. HOUR
b pw mart	-	71. VV 4-6-1904 65 YRS.	5 Year 1969 235 M
0 0	cau	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED	
ges n for rote	10.	TRY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OF CIRATION (Violate week does	Md. 12b. KIND OF BUSINESS OR
MINER: This certificate should be executed within 24-hours after death any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 4 should be forwarded to the Chief Medical Exominers Office/olong with form PMS. Pour files. In Files. In Should be used as buriol-transit permit. File pages land 2 with the State Department emotion, or removal, and in any event within 72 hours ofter death.	11		INDUSTRY
fter Giv Jong	13a.	USUAL RESIDENCE (Where deceased liver) if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	010111101
2 with deoth	A	MISSION SAIL AIND BELOW YES NO DE KURAL	
24 hours in Item is Office ss land 2 rs ofter o	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil (in ning s poges I hours	140	JOHN D. ALBAUGH MAUDE NUSBAUM WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT	10 RD 10/51
be executed within 24 "pending" in pencil (in nief Medical Exominer's ansit permit. File pages event within 72 hours	()	WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, na)(or inknown) (If yes/give/nor or doles of service) 2/3-36-8692 MRS. MILD RED T. ALBAUG	LH NAN
d win po Exo Exo n 72		1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
ure ng" dical dical	-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cashingliation	BETWEEN ONSET AND DEATH
execundir Med I per		9 7 8 V IMPLEIAL CHOIC (I)	200 / 0 10
"pe "pe hief ansi		Canditians, if any, which gave rise ta immediate cause (a), (b) Tractor upsetting on him with sest	same
should be executed with should be executed with the Chief Medical Exonorial-transit permit. File in ony event within 72		stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
sh he v to		(9)	
INER: This certificate should be executed with e certificote, writing the word "pending" in pershould be forwarded to the Chief Medical Exortlles. 3 should be used a buriol-transit permit. File to transit or removal, and in any event within 72.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
warring warring sed oval	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for	TIFIC	WAS PERFORMED?	YES NO
iffica d be old b	IL CES	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	em 18.)
NER. cert houl iles. sho	MEDICAL	CAUSE OF DEATH 2105 EM) 19 01 14 SCTOP OVERTURES ON RECE	
KAMINER: te the certified to the certified of the certifi	2	factory office building stal	ridge Carroll, Md
7 7 7			
JICAL E SUSSE exect irector. Po ained for IRECTOR:	bo	220. I certify that I took charge of the remains described obave, held an Autopsy, Inspection, Inquiry death resulted fram: Natural couses, Accident Suicide, Homicide, Undetermined manner	
please I director retainer L DIREC		CHIEF MEDICAL EXAMINER	
y, ple erol di se retre RAL Di prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES	SIGNED
Sany Sany WER		EXAMINER'S DEPUTY MEDICAL EXAMINER S	8/69
o DEPUTY SICA necessary, please ex the funeral director. 5 may be retained to FUNERAL DIRECTOR. Health prior to bur	22-		
5 - 1 2 1	T	BURIAL, CREMATION, 23b. DATE 23g. NAME OF CEMETERY OR CREMATORY 23d DOCATION (City or Town)	(Caunty) (State)
N	20	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
VR A15ME (1)	1	WHATREE HOUS UNION BRIDGE ND MAY 13 1969 Ichand	es Judge



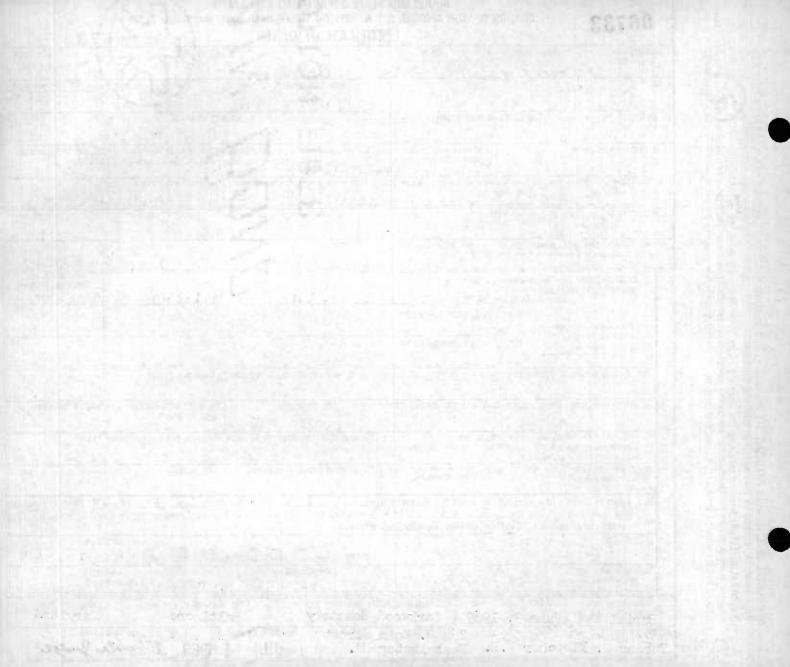
	06732	DIVISION OF VITAL RECORDS,	301 W. PRESTON ST		RE, MARYLAND	21201 067	2.1	
1. DE	CEASED-NAME First	Middle	Last		. DATE OF OEATH	001	O.L.	2b. HOUR
	ype or print) LUCY	ROSETTA	BAILE		Month MA	7 15 Doy 196	5 ^{Yeor}	6:45
3. SE	X	4. RACE	S. DATE OF		6. AGE (II	n yeors IF UND	CER I YEAR IF	F UNDER 24 HRS
	Female	White	10-27-	-1882	lost birt	hdoy) Manth	S GAYS F	HOURS MIN
7a. B	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MA	RRIED 9. CO	UNTY OF DEATH	71.5		
coun	est Virginia	U.S.A.	WIDOWED DIVE	ORCED	Carroll			A
	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital	12o. USUAL OCC	CUPATION (Kind of v	vark dane 12t	b. KIND OF BU	JSINESS OR
	ykesville	give street address) Spr. ingfield	State Hospit	during most of	warking life, even i ISEWI 10	f retired.) INI	DUSTRY	
13o.	USUAL RESIDENCE (Where decease ssion) STATE	ed lived if institution. Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND N	NUMBER		
M	aryland	13b. COUNTY Allegany	Cumberland	YES NO	108 Penr	nsylvania	a Ave.	
14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S A	MAIDEN NAME First		Middle		Last
		Bane		Martha	T. A. I.	W	hipp	
16o.	WAS DECEASED EVER IN U.S. ARM	or or dotes of service)	NO. 17. INFORMANT			Address	111,121	
	es no, ar unknown) (If yes give w	Unk.	Records	, Springf	ield Stat	e Hospit		
	1B. CAUSE OF DEATH (Enter onl	y one couse per line far (a), (b), and (c)	.)		100		APPROXIMAT BETWEEN ONSE	
ш	PART I. DEATH WAS CAUSED	D BY: JE CAUSE (o) Arterioscle	rotic cardio	vascular	disease	Later and	Year	's
	4124	DUE TO, OR AS A CONSEQUENCE OF						
	Canditions, if any, which gove rise to immediate couse (a),	(b) Generalized	arterioscle	erosis			Year	'S
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
	last.	(c)						AA TE
н	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CONDIT	TON GIVEN IN PART	(o) Chroni	c bra	in
NO	syndrome assoc	ciated with cerebr			with psyc	hotic re	actio	n
CERTIFICATION	19o. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PE			20b. IF YES, WERE CAUSES OF DEATH?	FINDINGS CONSIDE	RED IN CERT	IFYING
RE	A) ACCIDENT WAS AND FOUND		YES [_				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	G 21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY O	CCURRED (Enter natur	re of injury in Port 1	or Port 2, Item 18	8.)	
MEDICAL	(If either, notify medical examin	ier) P.M. 1	9					72.5
	at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			City ar Tawn	Cau	nty	Stote
	22a. I certify that (I) (thi	s hospitol) attended the deceas	ed fram 3-22-	00_, 19,	, ta5-15-	69, 19	_, that (I	(we) la
	saw the deceased al	(I) (we) (did) (did not) view the	9, and that in (n	ny) (our) apinian	death accurred	on the date an	d hour on	d from th
	22b. SIGNATURE	, (i) (we) (ala) (ala hor) view me	body offer death.			22c. DATE SI	IGNED	-/
	In hento	uni you	LEGREE PHYS.	ING MED.	OR STAFF	S 5	1601	6-8
	22d. PHYSICIAN'S NAME (Type) Antor		22e. AD		ngfield S		nital	
	NAME (Type) Antor	nius Glahn, M. D.		Syke	sville, M	aryland	2178	4
230.	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d.	. LOCATION (City or		unty)	(Stote)
		F 141241969 Bear	er Kun	/	Minera	/ Co.	· hi	Va.
24.	FUNERAL DIRECTOR	ADDRESS	10 ml	2So. REC'D BY REG	ISTRAR 2Sb. F	REGISTRAR'S SICHA	TURGORDE	se .
1 7	VANDOU III MA	HAMP WILLIAM	11/1/1.	DATE MANY	1 1300	14	1 1	-

MARTLAND STATE DEPARTMENT OF HEALTH



06733 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06732 DECEASED-NAME First Middle Last 2a. DATE OF DEATH deoth. requires that the death certificate be executed within 24 haurs after death. ero (Type or print) NO 8R 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS 9 9 YRS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) icion and completely filled in lease remove carbon papers. and in any event, within 72 h DIVORCED [7] WIDOWED V ARVIAND ARRO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af working life, even if retired.) INDUSTRY 25V11/2 Cler 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE admission) 13b. COUNTY YES NO F WESTMINSTER mancheste 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last 19N en please AIRIC ONRO physicion 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) I (If yes give war or dates of service) burial, cremotion, or remavol, -05-7240 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. ONGESTIVE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-tronsit rise ta immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending has been directar, page 3 should be detached far use os the should be filed with the Stote Dept. of Health priar to NO! CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING The CAUSES OF DEATH? NO X YES TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING O HOSPITAL OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING, ETC. Street or R.F.D. Na. City or Town Stote County While Nat while at wark 22a. I certify that (I) (this hospital) ottended the deceosed from . 19 6 8 . ta 19 69, and that in (my) (aur) opinion death occurred on the date and haur and from the saw the deceased alive on 5-31 3 should couses stoted above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE PHYS. PHYS. 22d PHYSICIAN'S 22e. ADDRESS 22 MAME (Type) Jo PBING FIR 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) PEMOVAL (Specify) Parkwood Cemetery Baltimore Maryland 1969 June 254 Book Main Street 2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Thomas D. Fletcher F.H. DATEUN Westminster Md. 1969

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212010 6 7 3 3	
	CERTIFICATE OF DEATH	
72-hours after death.	1. DECEASED-NAME (Type or print) Elijah John Blizzard Lost 2a. DATE DF DEATH Month Day Year	2b. Hour
	3. SEX Male 4. RACE S. DATE DF BIRTH Sept 15, 1883 6. AGE (In years loss timbday) Nowths DAYS MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7a. BIRTHPLACE (State ar foreign country) Md. 7b. CITIZEN OF WHAT CDUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Carroll	M
)	10. CITY DR TOWN DF DEATH Westminster 11. NAME OF HOSPITAL DR INSTITUTION (If not in hospital during not in the continuous during n	BUSINESS DR
3	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 13b. CDUNTY Balto. Reisterstown YES NOFE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Reisterstown YES NOFE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	Table
	14. FATHER'S NAME First Middle Lost 15. MDTHER'S MAIDEN NAME First Middle Margaret Rigler	Last
	16a. WAS DECEASED EVER IN U.S. ARMED FDRCES? Yes, no, or unknown Ullyes give war or doles of service) 16b. SDCIAL SECURITY ND. 17. INFDRMANT Address 2/3-/2-0085 Mayy Blizzard Reisterstown, Md	•
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRCULATORY FAILURE F2 F	MATE INTERVAL DISET AND DEATH HOURS
	Conditions, if any, which gave rise to immediate couse (o). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PUL MONALE DUE TO, OR AS A CONSEQUENCE OF	K.S
H	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost. (c) PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR.CONDITION GIVEN IN PART 1(a)	
	0.000	
	196. DATE OF OPERATION 196. CONDITION FOR WHICH DPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN COLUMN CAUSES OF DEATH?	RTIFYING
	To R CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19	
	While Not while of work of wor	State
	220. I certify that (I) (this hospital) attended the deceased from 5/37, 1964, to 5/27, 1964, that saw the deceased alive on 5/28, and that in (my) (our) apinion death accurred on the date and hour causes stated above, (I) (we) (did) (did not) view the bady after death.	(1) (we) las ond from the
	22b. SIGNAYORE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRE	69
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS	
	23a. BURIAL, CREMATIDN, REMOVAL (Specify) Burial May 31. 1969 Emory Cemetery Dr CREMATDRY Resisterstown, Md.	(State)
200	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JUN 3 1969	de

and the story of t the second of the second secon old mentions became Mary Mary Miles Hill

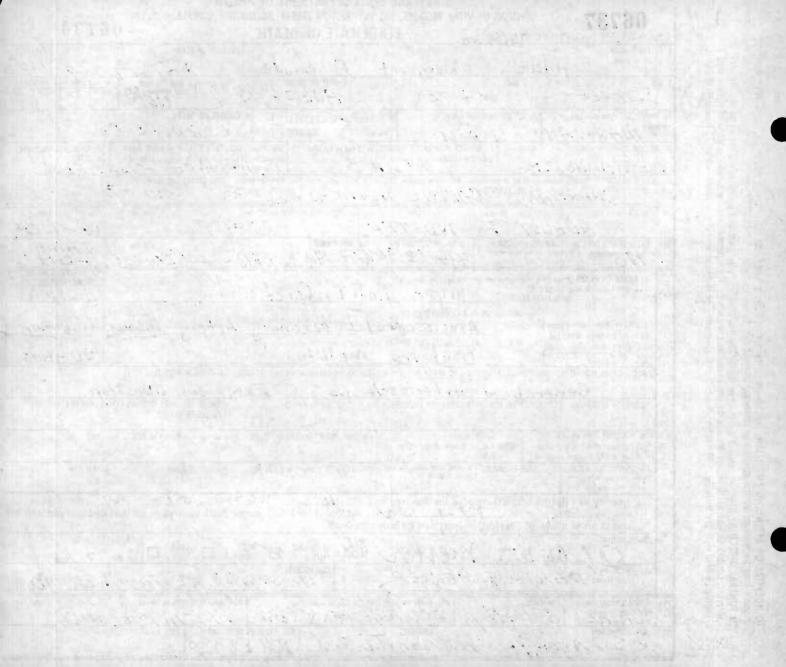
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realization of mineral property and the state of the stat		
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2	100	116736 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0673	5
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day Ye	ear 2b HOUR-
is to of of	((Type or Print) O I I I I I I I I I I I I I I I I I I	1969 DM
ny delay is 2, ond 3 to PM3. Page	3. SI	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1 YEAR 1 UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d. HOUR
delay ond 3 W3. Po	700.0	male Nagro 9-5-36 30 YRS. MONTHS DAYS HOURS MIN Month 5 Doy /7 Year 19	10 12:45
		D. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	31 1 M
- E &	caun	Maryland U.S.A. WIDOWED DIVORCED Carroll	And
th for tate	10. 0	Mary Tand 10.5.k.	F BUSINESS OR
after deoth 8. Give Poges 1, along with farm with the State De		give street oddress) during most of working life, even if retired.) INDUSTRY	
Give Give In the the	13a.	IN LISTAL DESIDENCE /Whore decored lived if inclination Peridence hefers 124 CITY OF TOWN 13d INSIDE CITY HMTS? 13a STREET AND NUMBER	
along along with deoth.	0	admission) STATE Md. 136. COUNTY Baltimore Baltimore YES NO L107 Belvieu Ave.	
be executed within 24 hours after deoth "pending" in pencil in Item 18. Give Poges 1, item Medical Examiner's Office along with farm ansit permit. File pages land? with the State Deevent within 72 hours ofter deoth.		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 hours ncil in Item nine 5 Office pages land2 hours offer			
hin 24 nocil in pages hours	16a. 1	Edward Coates Louise Dorsey o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ithii mir pa 2 hc	(Y	(Yes, na, or unknawn) (If yes give war or dates of service)	M offic
ed within in pencil I Examine		APPRO	XIMATE INTERVAL
utec g" i ical mit.		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
be executed "pending" in nief Medical E. snsit permit. Fevent within		MMEDIATE CAUSE (a) Dasilar artery with massive intercranial mins. H42 X DUE TO, OR AS A CONSEQUENCE OF hemorrhage.	/ hrs.
ef / ef / nsit		Conditions, if ony, which gave	
rd rd Chi		rise to immediate cause (a), (b) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te should be executed wit the word "pending" in pe I to the Chief Medical Exar a burial-transit permit. File ind in ony event within 72		last.	
the sold in the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)	
This certificate should cote, writing the word be forwarded to the Ch. be used as a burial-tre removal, and in any			
warrith war	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AU	TOPSY?
for to	IFICA	WAS PERFORMED?	NO 🗆
INER: This certificate should be executed within 2 to certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner files. 3 should be used as burial-transit permit. File pages a strain, or removal, and in any event within 72 hour.	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	<u> </u>
R: ertif uld s. s. out	CAL	F PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
XAMINER: te the certi ge 4 should your files. 'oge 3 shoul cremation,	MED		Stote
AM e 4 our our		WHILE NOT WHILE factory, office building, etc.)	
DEPUTY SICAL EXAMINER: scessory, pleose execute the cert e funeral director. Page 4 should may be retoined for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation			in my apin i an
ICAL E. executor. Paged for CTOR: buriol,		death resulted fram: Natural causes Accident. Suicide . Hamicide . Undetermined manner	iii iiiy apiiiiaii
pleose I director retoine ior to b		Co. P. D. CHIEF MEDICAL EXAMINER	
y, pleeral dispersal dispe		ACTUAL ACTUAL 20 ACTUAL 20 ACTUAL 20 DATE SIGNED	-
Dry,		SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5-17-	-69
o DEPUTY SICA SICA SICA SICA SICA SICA SICA SICA		NAME (Type) W. Glenn Speicher 10005000000000000000000000000000000000	mall
TO DEPUTY necessory, the funera 5 moy be TO FUNERA Heolth pr	23a	3g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	SHA
		Burial 5-20-69 Mt. Auburn Cem. Balto. Md,	7
(9/)	24.	4. FUNERAL DIRECTOR V , R . Bailey ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
VR A15ME (5)	K	Kelson F. H. 1348 Calhoun St. BALLAY 20 1985 Clearles Com	Lie.
10141 164. 1700		MA OU SO	

MARYLAND STATE DEPARTMENT OF HEALTH

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1		11 1		MARTLAND STATE DEPARTMENT OF HEALTH	
7		4		06737 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	W 0 0
/		1	It	em#6.FilmGhl2 5/14/69 km CERTIFICATE OF DEATH	5736
	٠ 2 ج	-	1. DE	CEASED-NAME First Middle Lost , 2a. DATE OF DEATH	2b. HOUR
	death.	/	(1	ype or print) Hilda Margaret Eckenrode MAY Day	Year 1.50 M
	P STOP	1	3. SE	Hilda Margaret FCKenrode MAY 7 4. RACE S. DATE OF BIRTH 6. AGE (In years AFU	UNDER 1 YEAR IF UNDER 24 HRS.
	s after deat the funeral ages 1 and				ITHS DAYS HOURS MIN.
	rs after	1/1			
	executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2 n any event, within 72 hours after death	1	COUNT	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	in 24 ho illed in popers hin 72 m			"INARYLAND U.J. G. WIDOWED DIVORCED CHRROLE CO	Md.
	in Series		10. 0	11. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	2b. KIND OF BUSINESS OR
	equires that the death certificate be executed within 2 physician. Signed by the attending physician and campletely filler burial-transit permit. Then please remave carban parburial, crematian, ar remaval, and in any event, within	00	1	NESTMINSTER give street address) RFD#3 during mast of working life, even if retired.)	INDUSTRY
	d v lete	. 1	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	executed and cample any event	06	admi	STATE MARYLAND COUNTY CARROLL WESTMINSTERS NO PRED # 3	
	ny age	1	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
1	a de de	-		AUGUST F. WOLTER DAISY	PAITLIA
	ertificate be physician con please laval, and it		160		NELLER
	icat icat sici ple l, a		Υ	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address of service) 14-03-30 X7A MP ROGER 1-ECKTNPNDE	SAME
	phy en ava			The second second	ADUKE
	he death cer attending p permit. The			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death attendir permit. ian, ar re			IMMEDIATE CAUSE (a) Myocardial Infarction	acute.
	ern ern an,			2509 DUE TO, OR AS A CONSEQUENCE OF	
	the sit p			Conditions, if any, which gove) . Atherroschere tic carenary Artery Disper	Linknown
	hat n. y t ans			nse to immediate couse (o),	
	d b			lost. (c) Drabetes Mellitus	20 years
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician are 3 shauld be detached far use as the burial-transit permit. Then please are with the State Dept. at Health priar ta burial, crematian, ar remayal, and in			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	0
	ding ding the		NO	Generalized arteriosclerosis, Exogenous Obesito 190. Date OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONST	
	e lo ten ten as as	V	CAT	CAUCES OF DEATHS	DEKED IN CERTIFFING
	The at the state of the state o	/	CERTIFICATION	LES NO	
	NN: Later			21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	18.)
	d filting		MEDICAL	(If either, notify medical examiner) P.M. 19	
	has cel che		ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town (Company)	aunty State
	OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been je 3 shauld be detached far use as the ed with the State Dept. af Health priar ta			While Not while of work OFFICE BUILDING, ETC.	F-1-1-24-23
	NG V th		9	22a, I certify that (1) (this haspital) attended the deceased from 10 - 1962, to 5/7 1969	thot (1) (we) last
	Aff Aff d b d b			22a. I certify that (I) (this haspital) attended the deceased from	and hour ond from the
	retained recTOR: A Shauld with the				
	A SP Per Per Per Per Per Per Per Per Per Pe		3	22b. SIGNATURE 22c. DATE 22c. DATE	SIGNED
	ok be e 3 ed v			DEGREE PHYS. DIRECTOR PHYS. Way	7,1969
	AL OY HILL	1		22d. PHYSICIAN'S SULLID IN MEDICO 22e. ADDRESS	
	ER B	-		NAME (Type) PHILIP W. MERCER W. MAINST. WESTMINS	1ER IND
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapoge 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta		23a.	BURIAL, CREMATION, 23b. DATE, 23c. NAME O CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (State)
	Padiple		1	MINOVANISOCITY 5/10/69 LORRATNE PARK CEM. BALTIMORE	MD.
	0		24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGI	NATURE
	VR A15 30M REV.	(68)		L.S. myes & Westmindle, md. MAY 12 1969 golianea	Victor.
Ole L		151	-	The state of the s	2 17 17

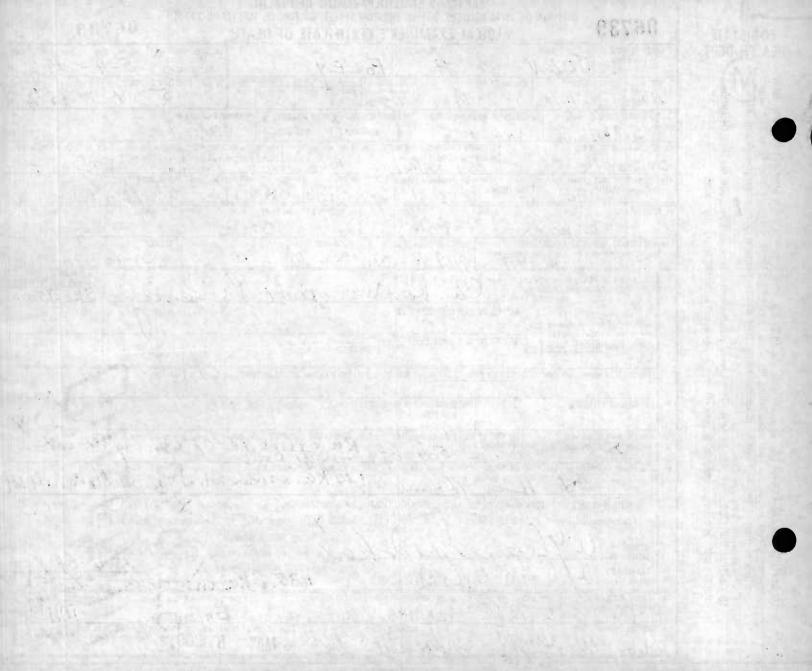


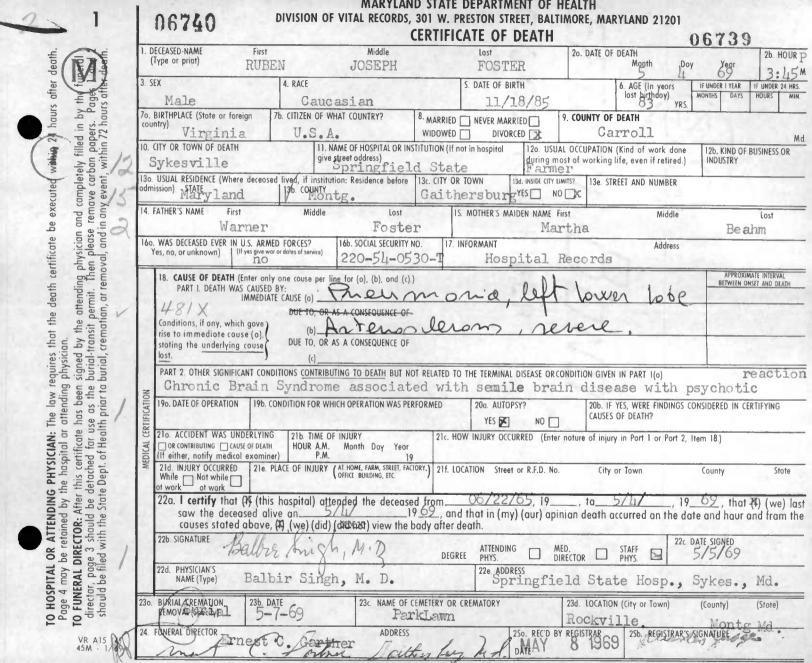
1	3		06738	DIVISION OF	VITAL RECORDS,			, BALTIMOR		21201	6737	
		1 0	451450 11111			CERTIFICA			DATE OF DEATH		0101	Lat. Havin
and 2 death.			CEASED-NAME First		Middle	T	Last	20.	DATE OF DEATH Month	Doy	Yeor	26. HOUR
			Clai		н.	Eng			May	7	1949	/ /
es es de la	16.5	3. SE		4. RACE			DATE OF BIRTH	90	6. AGG (In lost birth	doy) N		IF UNDER 24 HRS. HOURS MIN.
Pag Pag	75,		Male	White		1.				YRS.		
hau hau		/0. t	IRTHPLACE (State or foreign	76. CITIZEN OF WHA	AI COUNTRY?		NEVER MARRIED		INTY OF DEATH			
24 in per in 72	-0		ishington, D.C.	U.S.A.		WIDOWED	DIVORCED		arrol1			Mo
The law requires that the death certificate be executed within 24 haurs after attending physician. has been signed by the attending physician and campletely filled in by the furuse as the burial-transit permit. Then please remave carbon papers. Pages 1 th prior to burial, crematian, ar remaval, and in any event, within 72 haurs after	0.	10. C	New Windsor	giye st	ME OF HOSPITAL OR IN: reet address) rtons Nurs	sing Hom	n haspitol	during most of a Retired	JPATION (Kind of w warking life, even if Farmer	retired.)	12b. KIND OF BI INDUSTRY Farm	JSINESS OR
cuted with ampletely 1 ve carbon event, wit	70	13o.	USUAL RESIDENCE (Where deceo	ed lived, if institution		13c. CITY OR TO	WN 13d. IN	NSIDE CITY LIMITS?	13e. STREET AND N			
amp we eve	06	odmi	ssion) STATE Maryla	13b. COUNTY	Carroll	Westmir	ster YES	□ NO	R. D. 2			
exe emo	1	14. F	ATHER'S NAME First	Middle	Last		OTHER'S MAIDEN	NAME First		Middle		Last
be and			James	Melvi	in Engle	2	Lav	inia	Hannah	Hauke		
ate iciar leas and		160.	WAS DECEASED EVER IN U.S. AR	WED FORCES?	16b. SOCIAL SECURITY		DRMANT			Address		
tific hys		L.	es, no, or unknown) (If yes give	val of doles of service;	219-34-60	557 Mrs	. Nora	Engle,	Westminst	er, Mo		
ne death certifi attending phy permit. Then ian, ar remaval			18. CAUSE OF DEATH (Enter or	ly ane cause per line	e far (o), (b), ond (c).	.)			70 H / E	1125	APPROXIMA BETWEEN ONS	ATÉ INTERVAL SET AND DEATH
ndir nit.			PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	arter	inso	lerot.	1-5-	C.V.D	-	yes	222
ie death attendii permit.			4124		A CONSEQUENCE OF							
at the sit p		-	Conditions, if ony, which gove	(b)		3 7 5						
thai by ran			rise to immediate couse (a), stating the underlying cause		A CONSEQUENCE OF							
res sicio led al-ti al, c			lost.	(c)								
equires that the dea physician. signed by the attenc burial-transit permit burial, crematian, ar			PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISI	EASE OR CONDITI	ON GIVEN IN PART 1	(o)	15-16	
to the		×				200			Mary V			
ne law re ittending ias been g as the l		CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE CAUSES OF DEATH?	FINDINGS COI	NSIDERED IN CER	TIFYING
: The or att e ha use alth p	X	RTIFI					YES 🗌	NO 🗌				- 1/1/1
AN: The al ar at icate ho far use Health			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		INJURY Manth Doy Year		INJURY OCCURRE	ED (Enter noture	e of injury in Port 1	or Port 2, Ite	em 18.)	
pride parties		MEDICAL	(If either, notify medical exomi	ner) P.M.		9						
JING PHYSIC by the haspit ifter this certi be detached State Dept. af		×	21d. INJURY OCCURRED While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCA	TION Street ar	R.F.D. Na.	City or Town		County	Stote
the det			ul work of work				11/1	Z-1.0	1/5	/	.1	113 1 100
by by Stat			22o. I certify that (I) (the saw the deceased of	is hospital) atte	nded the deceas	ed from		7, 19	to	4919_	, that ((I) (we) los
ATTENI Parained CTOR: A Shauld ith the		-	couses stoted abov	e. (I) (worldid) (did not view the	body ofter de	ath.	per) opinium	dedili occorred c	ill the dut	e una noor a	na nom me
R ATTENI retained ECTOR: 4 3 should with the		3	22b. SIGNATURE	111211111		,		1 Non	57155	22c. D/	ATE SIGNED	,
OR Se 3			m & Rx	entron	MIZ	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS. [] 3	17/0	19
May be RAL DIR	1		22d. PHYSICIAN'S			(22e. ADDRESS	71	111-	0	2	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, should be filed with the State Dept. of Health prior to burial, creating the prior of	1		NAME (Type)				-	New	Wind	sar.	No	V.
D HOSPI Page 4 r D FUNER director,		23a.	BURIAL, CREMATION, 23b.	DATE		CEMETERY OR CR			LOCATION (City or T		(Caunty)	(Stote)
5 5 5 p				/10/69		arys Cer			lver Run	-		, Md.
VR A15	20	24.	FUNERAL DIRECTOR	fix10	ADDRESS			REC'D BY REGI		EGISTRAR'S S	IGNATURE	all-
30M REV.	IV 48	1/1	rehard N.	dute	Littlest	own, Pa,	DAT	MAY 12	2 1969 /	-copy	10	

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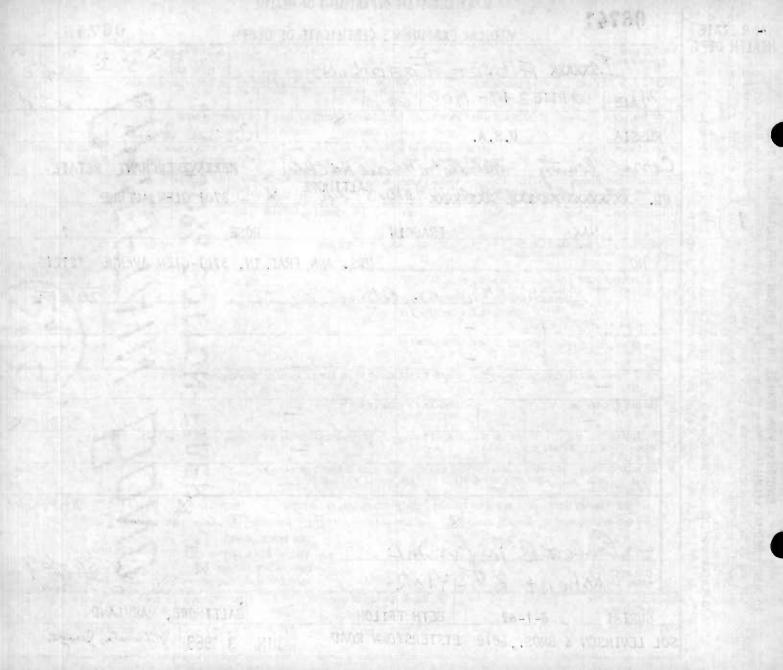
11		MARYLAND STATE DEPARTMENT OF HEALTH	
FOD STATE		06739 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	38
FOR STATE HEALTH DEPT.	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
MEALIN DEFT.		(Type or Print) OF ESTI-	y Year 2b7HOUR
	3. S		2d HOUR
de lo	1	Male White 5-2-1926 43 YRS. MONTHS DAYS HOURS MIN. Month 5 Day 4	Yeor 1969 4 M
ny 1, 2, c rm PN Depart		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
hours after deoth Item 18. Give Pages 1, Office along with form rand 2 with the State De	COU	5. CAROLINA U. S. A. WIDOWED DIVORCED CARROLL	Me
after deoth 8. Give Poges along with for with the State	10.		KIND OF BUSINESS OR
frer de Give 1 Give 1 gang w th the	5	DYRESVILLE 124 KALARAMA KOAD BUS PrivER	Transit
s after 18. Ging		a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE (M) 13b. COUNTY (A POR 1) 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS?	PI
de de la	\vdash	1114. CHITOII DYRESVITE 154 TO TVATAFAMA	ra.
	14.		Lost
hin 24 ncil in niner's poges hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117, INFORMANT ADDRESS	30993
d within in pencil Examine File pog n 72 hou	()	(Yes, no, or unknown) (If yes give war or days at service) 247 46 1001 MRS. Anith M. Foley Sykes	willo MI.
d wit in per Exan File in 72		18. CAUSE OF DEATH (Enter only one cause per limpfor (a), (b), And (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng" dical		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monesticle Poisoners	Sterrit Trace
Mec nt v		9.520 DUE TO, OR AS A CONSEQUENCE OF	
be "pe hief ansi		Conditions, if any, which gove rise to immediate couse (a), (b)	
should be executed not be word "pending" is to the Chief Medical buriol-transit permit. I in any event within		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she varion the buri		lost. (c)	
INER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pag should be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages rand 2 with the Stonotian, or removal, and in any event within 72 hours after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
rrtifi rritir vara ed o ed o	NOIL	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for em	CERTIFICATION	WAS PERFORMED?	YES NO NO
INER: This certificate, writ should be forwar files. 3 should be used option, or removal			18.1
INER: e certi should files. 3 shoul otian,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. 5-4 1969 Kein grin Hotel From Officers	aust
XAMINER: te the certi ge 4 should your files. vage 3 shoul cremotian,	WE	6.4.4.46.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	State State
DEPUTY DICAL EXAMINER: This occasory, please execute the certificate, se funeral director. Page 4 should be formay be retained for your files. FUNERAL DIRECTOR: Page 3 should be uealth priar to burial, cremotian, or rem		AT WORK AT WORK THE AT WORK THE PURISHER FRAME TO THE PURISHER Rd. Sy Busull	scarross ma
ICAL E) e execution. Pog ed for) CTOR: P		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry,	and in my opinian
EPUTY SICA SSARY, please extended director. oy be retained JINERAL DIRECTOR. Ith priar to but		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please I direct retaine retaine ar to b		ACTUAL (1) (HIEF MEDICAL EXAMINER (1) 2014 DATE SIGN	NPA .
ry, ple erol dii be reto priar		SIGNATURE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE	1-69
o DEPUTY necessary, the funero 5 may be 0 FUNERAI		NAME (Type) W/ Glenn Sycher HOBES (SIGNES GROUP) COLOR	10 Car 0
ro DEPUTY necessary, the funero 5 may be ro Funeral	230	a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Col	unty) (SIR)
		BUTIAL (Specify) 5-7-69 BAltimore, NAT. Cemekry BALTIMORE	mar
	24.	FUNERAL DIRECTOR 250. REC'D' BY REGISTRAR 250.	ATURINASE
VR A15ME (5) 10M REV. 1/68		Harry W. Haight Sykisville, Mid. DATEMAY 8 1969 Juliane	0 0
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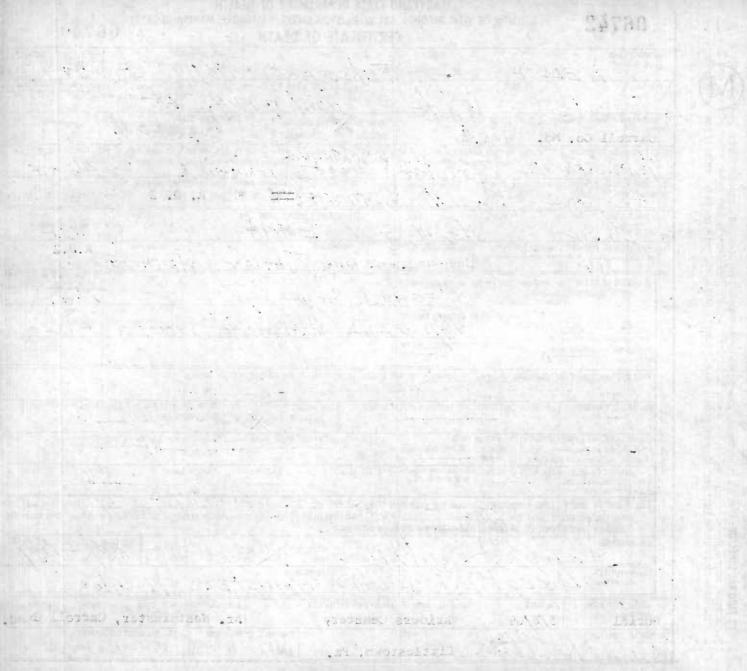


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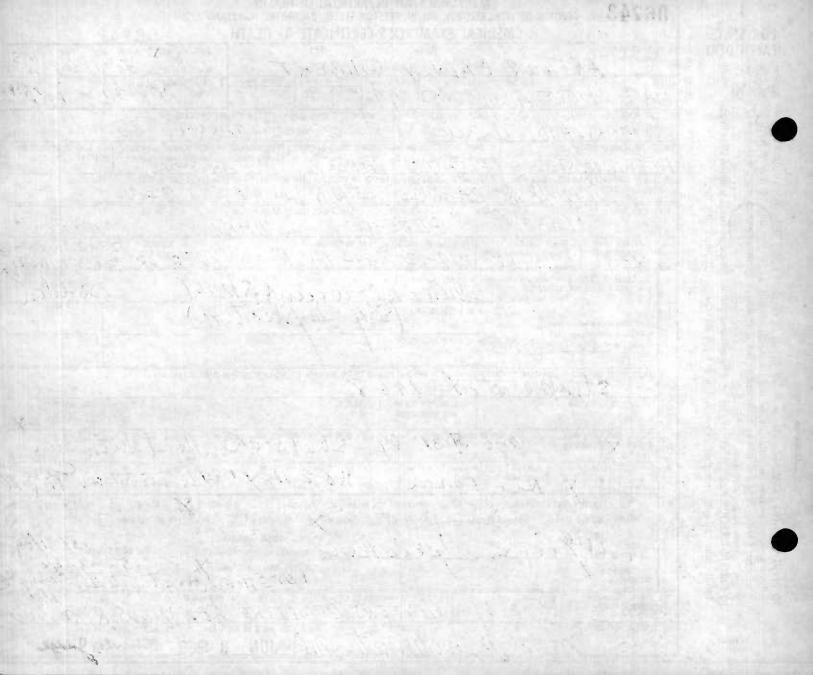
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FOR STATE		06741							0.6	17/0	
HEALTH DEPT.			MEDIC			ERTIFICATE	OF DEATH		06	5740	
E HEALTH DEFT.		ECEASED-NAME Fir	st	Middl	e	Lost		2a. DATE KNO OF EST		Day Year	2b. HOU
of ge of	,	LEXXXXX	Alber	2+ t	RAD	KIN		DEATH MAT	ED 0 5-3	30 1969	12:15
Pay Pay	3. S	O	S. DATE OF BIR		6. AGE (In years last birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.	2c. DATE PRON	OUNCED DEAD		2d. HOU
ny delay is 2, and 3 to PM3. Page		MALE WHI	TE 3-17-	1900	69 YR		HOURS MIN.	Month	Day	Yeor 1966	12:53
f any delay if any delay if m PM3. Pag		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. M/	RRIED NEVER MA	RRIED 9. CO	UNTY OF DEATH			
5 = - E B	(aun	RUSSIA	U.S.A			-	ORCED TO	27000	Creater		A
th th ges ges i fo	10. (ITY OR TOWN OF DEATH			OR INSTITUTIO	N (If not in hospital	120. USUAL C	CCUPATION (Kind	of work done 1	2b. KIND OF BUSIN	NESS OR
RE, Md. 21201 offer deoth If of 8. Give Poges I dlong with form	0	arral Comit	THO!	eet oddress	min	0 6.000	during most			RETAIL	
BALTIMORE, Md. 24 hours ofter de 18 Give F 5 Office dlong wi 5 Jand Zwith the 5 date: death.	12-	HIGHAL DECIDENCE (Miless deser	ked lived, if institu	tion: Residence	hefore 13c. CIT	OR HOWN	3d INSIDE CITY LIMITS?	13e. STREET AN		KETAIL	
ofter 18. Girls death.	19	dmission)	VIJA COUNTY	Waterer 3	12/2/3	ALTIMORE	YES 🔀 NO 🖂		EN AVENU	-	
0 - 1 0		ATHER'S NAME First	Middle	MEAST PROASE	Last	Is, MOTHER'S MAI		DIVI GL	Middle		
thin 24 hours encil in Item 1 miner's Office pages Land 2 hours office hours office controlled to the	14. [Milde	To 1		15. MOTHER 5 MAI		75.0	widgle	Last	
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STREET, I within n pencil Examiner File page	100.		e war ar dates of service)	16b. SOCIAL SECL		17. INFORMANT			ADDRESS		تنبد
STREET within pencil Examine File pag		NO				IRS. ANN	FRADKIN,	3701 GL	<u>EN AVENUI</u>		5
S N S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter o	nly one couse per lin	e for (o), (b), o	nd (c).)					APPROXIMATE II BETWEEN ONSET A	
V. PRESTON : be executed "pending" in iief Medical E insit permit. F		PART I. DEATH WAS CAUS IMMED	TATE CAUSE (a)	ulmore	on Edle	ma a	ente.	THE SAME		minut	67
PRESTC e execu pending ef Medic isit perm		519.1	DUE TO, OR	AS A CONSEQUE	VC OF						
W. PRE be ex "pend hief Mo ansit p		Canditions, if any, which gave rise to immediate cause (a),) (b)	-					7.092000		
ould I word word he Ch any e		stoting the underlying couse	DUE TO, OR	AS A CONSEQUE	NCE OF						
S, 301 W. PR should be e ne word "pen to the Chief h burial-transit in any even"		last.) (0)	-							
VITAL RECORDS, 301 VITAL RECORDS, 301 VITAL Should atte, writing the word be forworded to the Cobe Used as a burial-tremoval, and in any		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BU	IT NOT RELATED	TO THE TERMINAL D	DISEASE OR CONDITI	ON GIVEN IN PAR	T 1(a)		
CORDS ficate ing th ing th ided to ded to os a b	-,	-	- 4								
Vor Titie	TION	190. DATE OF OPERATION		19b. CONDITION	FOR WHICH OF	ERATION				20. AUTOPSY?	?
A Por Voice	FIC	-		WAS PERFO	RMED?					YES 🗆	NO
SION OF VITAL RECORDS, 301 W. PRESTON MINER: This certificate should be executed the certificate, writing the word "pending" it should be forworded to the Chief Medical rifles.	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF	NJURY Manth, De	ay, Year	21c. HOW INJURY OF	CCURRED (Enter nat	ure at injury in P	art 1 ar Part 2. Item		
Priffi	3	PRIMARY OR CONTRIBUTING	HOUR A.M		19	-	-				
XAMINER: te the cert ge 4 should your files. 'oge 3 shou cremotion,	MED		PLACE OF INJURY (A			21f. LOCATION Street	gr R.F.D. No.	City ar To	wn	Caunty	Stote
		WHILE NOT WHILE AT WORK	actory, office building	g, etc.)							
DIVISION O L EXAMINER: ecute the cert Poge 4 should ar your files. R:Poge 3 shou					1 ()	1 (1 4 .					
id Sa Paris		22a. I certify that I						spection 💢	Inquiry [_],	and in my	apinia
by Ged a point		death resulted from:	Natural caus	es 🔀, Ac	cident [],	Suicide,	Homicide	, Undeterm	ined manner [
MEDICAL MEDICAL I director. I director. I presided for the control of the control		ACTUAL PLANE	10-	1.	. 2	CHI	EF MEDICAL EXAMI	NER			
TY MED ry, pleas erol director ad DIRECTOR		SIGNATURE COLOR	13.1ac	yar.	MD		SISTANT MEDICAL EX		22b. DATE SI	GNED	0
Sary be P		EXAMINER'S D.	1 3 6	HIVI	0		PUTY MEDICAL EXAM		1 25	5000	7
O DEPUTY MEDICAL EXAM necessary, please execute the funerol director. Page 4 5 may be retoined far your p FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) Nobel	21 B	IAYI	5K		DRESS(Street, city, t	awn, or county)".	Bolt	1, me	(
5 5 ± 5 5 ±	230	BURIAL, CREMATION, 231	D. DATE			Y OR CREMATORY		LOCATION (City		.,	ate)
7		REMOVAL (Specify) BURTAL	6-1-69	BET	H TFILO)H	B	ALTIMORE	, MARYLA	VV	
VR AISME SECO	24.	FUNERAL DIRECTOR L LEVINSON & B	DAC (010	DETCTE	ADDRESS DETAIN	POAD	2Sa. REC'D BY R		Sb. REGISTRAR'S SI	GNATURE	
VR A15ME (5)	120	L LEVINSON & B	KUS., 6010	KEISIE	WI OWIN	NUNU	DARUN	3 1969	Kungare	3 / 1	5.44
	-										



				MARYLAN	ID STATE DEPARTMENT OF	HEALTH	
2,		06742	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
		00138			CERTIFICATE OF DEATH		06741
4 2.4			irst	Middle	Lost	20. DATE OF DEATH	2b. HOUR
Paral least	(Type or print)	LIF	M.	FULRMAN	MAY Month D	ay Year a 10 4 PM
a (JAE)	3. S	X /	4. RACE	1 ,	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
# 484		Founda	,	111.1-	Chill 11	1904 lost brithday) YRS	MONTHS DAYS HOURS MIN.
by Po	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY-OF DEATH	2:1
24 haurs after death din by refunded on 272 haurs offer death	can	Carroll Co.	ld. U.S.	A.	WIDOWED DIVORCED	CARRO	// Md.
within 24 haurs itely filled in by rban papers. Pe within 72 haur	10.	ITY OR TOWN OF DEATH	- /X/ / dive 2	ilee ouniessix / I	STITUTION (If not in hospital 12a. US	UAL OCCUPATION (Kind af wark dane most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
7 44.4	12	1411Chester	112 12	8 MMAI	N Street 17	cusewife.	HOME
e executed within 24 h and completely filled in remove carban papers.	odn	USUAL RESIDENCE (Where de ission) STATE	/ ISE COUNTY	on: Residence before		NO R. D. 2	
d co mo,	14.	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S MAIDEN NAME	First Middle	Lost
be ex n and e rem d in on		DAVID		HELWI	G EMMI	4	(IRCLE
e death certificate by attending physician permit. Then please on, or removol, and in		WAS DECEASED EVER IN U.S.	tive war or dates of renoce)	166. SOCIAL SECURITY	1	Address	R.D.2
physen povol	L	/10		204-01-22		AN WESTHIN	STEP /Y/D APPROXIMATE INTERVAL
h ce Th		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause per lin	e far (a), (b), ond (c)	11 1 1 1		BETWEEN DISET AND DEATH
deat rend mit.		IMA	EDIATE CAUSE (a)	C- E-16E	DIAL HEIGHBIND	96:	Phour-
he att		Conditions, if any, which go	DUE TO, OR A	S A CONSEQUENCE OF	- 11/1	15	7
the mati		rise to immediate couse (a), (b)	17/18/e	WSIVE OICIO(10)	Cula) 15 cas =	
equires the physician. signed by buriol-tron buriol, crei		stating the underlying car	DUE TO, OR A	S A CONSEQUENCE OF			
ny signa yn eg rriol riol		_	(c)	TING TO DEATH BUT A	IOT RELATED TO THE TERMINAL DISEASE O	D CONDITION CIVEN IN DADT 1(-)	
requestions of the property of	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT N	OI KELATED TO THE TERMINAL DISEASE OF	ECONDITION GIVEN IN PART I(d)	
low bee	ATIO	190. DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The offer see of the post of t	CERTIFICATION				YES NO		
N. Or		210. ACCIDENT WAS UNDER	2.0		21c. HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Port 2	, Item 18.)
d figure of the	MEDICAL	OR CONTRIBUTING CAUSE OF	aminer) P.M.		9		
HYS hosi s cel sche ept.	N.	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FA	CTDRY,) 21f. LOCATION Street or R.F.D. M	la. City or Town	County State
the this detc		While Not while at wark		11.25	1	W	
by free be Stat	н	22a. I certify that (I)	(this hospital), atte	ended the deceas	ed from JAN 2, 19.	69, to/195,1	9 <u>69</u> , that (1) (we) last
R: A the	E	saw the decease	ove, (I) (we) (did) ((did not) view the	19 <u>67</u> , and that in (my) (o ur) a bady after death.	pinian death accurred an the c	date and haur and fram the
AT AT Showith with		22b. SIGNATURE	1161	1	ATTENDING W	MED. STAFF 220	c. DATE SIGNED
OR be 3		J.ry	1/1/	Just	DEGREE PHYS.	DIRECTOR PHYS.	1995.1969
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 should be detached for use as the buriol-transit permit. Then please remove car should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event	r	22d. PHYSICIAN'S NAME (Type)	OSEPH	E. Bus	h. MID 22e. ADDRESS	STEAD MAR	ylord.
HOS ge 4 uni	230	BURIAL CREMATION, 2	3b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
10 Pag	7	REMOVAL (Specify)	5/8/69		s Cemetery		, Carroll Co, Md.
VR A15(A)	24.	FUNERAL DIRECTOR	fo 1810	ADDRES:	0.0.00	BY REGISTRAR 2Sb. REGISTRAR	
30M REV. 1 38	4	rehard N.	ding	Littles	town, Pa. DAMAY	8 1969 Allem	iles Judges:



1	10	6743 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0674	9 7
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	Doy Yeor 2b HOUR
Oy is		AKIHUK CALVIN GILBEKI DEATH MATED 3-3	1-619 A M
2, and 3 2, and 3 M3. Po partment	3. S	A. RACE S. DATE OF BIRTH S. AGE (In yours lift Uniber 1 YEAR IF UNIDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month 5 Doy 3 / YRS.	Yeor 60 20 YOURS
	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17-117 11
form,	cour	MARYLAND U.S.a. WIDOWED DIVORCED - CARROLL CO.	Md.
after death 8. Give Pages 1, along with form with the State De leath.	10. (TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) The during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
	120	USUAL RESIDENCE (Where deceosed lived, 1f institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s after 18. Giv 2 with deoth.		dmission) STATE MARYLAI3b COUNTY CARROLL WESTMINSTERS IN NO IN ROLL 2	
24 hours in Item II the Tree of Item II the III the II	14. [ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncir in I niner in poges T	140	VAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 117, INFORMANT ADDRESS 3.	MYERS
within 24 hou pencil in Item xaminer 9 Offic ile pages I and 72 hours after		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2. 2. 2. 2. 2. 2. 2. 2. 2.	ECTIVINITER
be executed wit "pending" in pe nief Medical Exan nisit permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL /C/A
e executed pending" in lef Medical E mosit permit. I svent within.		IMMEDIATE CAUSE (o) THEN THE CHIEF CONTROL OF THE C	Saddley
be ex pend lief M Insit p	30	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Self Lay lected	
vord by vord b		rise to immediate couse (o). stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief of the C		lost. (c)	
die de de	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DOUTH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certific te, writing forworde e used os remaval,	CERTIFICATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cicote, be fo	ERTIFI		YES NO
NER: The certifice hould be should be should be strong or strong o	MEDICAL C	PRIMARY FOR CONTRIBUTING P.M. 138 1969 Shart Seef willerd accuse of Death	
EXAMINER: ute the certing 4 should go 4 should your files. Poge 3 should it, cremation,	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, white NOT WHILE NOT WHILE OCCUPY, office building ot).	California Stole
7 0 0		AT WORK LI AT WORK LI AT WORK LI	1261-6
ICAL E executor. Page for CTOR: burriol,		22o. I certify that I taak charge af the remains described obave, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes, (ccident, Suicide, Hamicide, Undetermined manner	and in my opinion
pleose execute director. Page estimed for you. DIRECTOR: Page of the page of		1 OF CALL EXAMINER	Maille
A 15 7 3 12 . /		ACTUAL SIGNATURE CE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED SILEY
3 2 3 3 3 5		EXAMINER'S DEPUTY MEDICAL EXAMINER ADDICATES	# Cara 0
TO DEPUTY necessory, the funer S may be TO FUNERA Health P	230	NAME (Type) BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (GILY OF TOWN) (1)	County) State
	1	BENEVAL SPECIFUL 6/3/69 WINTERS CEMETERY NEW WINDSO.	R.RD.MD.
VI ALEKE EN	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
VR A15ME (5) 10M REV. 1/88	4	7-2 Myero M. Westmunder MarisUN 3 1969 Person	as Judge
1111	0		



	1		S, 301 W. PRESTON STREET, BA						
	06744		CERTIFICATE OF DEATI		743				
after deoth. The funerol ges 1 and 2 fafter deoth.	DECEASED-NAME (Type or print)	First Middle Susan Katherin	Lost	20. DATE OF DEATH	2b. HOUR				
er d	3. SEX	Susan Katherin	e GREEN S. DATE OF BIRTH	ricky 11	T202 12.12 W				
affre affre affre	female	white	8-10-190	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN.				
P P P P P P P P P P P P P P P P P P P	7o. BIRTHPLACE (State or foreign		8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH					
4 7 22	(ountry) Maryland	U.S.A.	WIDOWED DIVORCED	Carroll	14.1				
ithin 2 fille on pal within	10. CITY OR TOWN OF DEATH Sykesville	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) Housewife	INDUSTRY				
ed well well well well with the carb	13a. USUAL RESIDENCE (Where of	eceosed lived, if institution: Residence before	re 13c. CITY OR TOWN 13d. INSIDE CI	TY LIMITS? 13e. STREET AND NUMBER	OWN HOME				
om cute	odmission) STATE Maryland	13b COUNTY Carroll	New Windsor	No X Rt. #2					
ouy eme	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		Lost				
Se r	Charl			3					
ertificate be physicion/o nen please toval, and it	160. WAS DECEASED EVER IN U.S Yes, na, ar unknown) (If ye	ARMED FORCES? give war ar dates of service) 16b. SOCIAL SECURI 217–28–		Address State Hosp. Recor	Sykesville, Md.				
it the deoth c the attending isit permit. The notion, or rem	PART I. DEATH WAS C	er only one couse per ine to (a), (b), and AUSED BY: MEDIATE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	Canditians, if ony, which g	(a), (b)	100 1 0	- gens	lumps.				
signed by buriol-tron buriol, crer	stating the underlying collast.	- Com	wie Draih	Synden	years.				
n sign	CRS 25500	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BART 100 CRS assoc. With disease of unknown or uncertain cause (Pick's Disease). With							
AN: The law real or oftending licote has been sfor use as the Health prior to b	2 010 00000	19b. CONDITION FOR WHICH OPERATION WAS	THOMIT OF WHICE CATH	20b. IF YES, WERE FINDINGS	ease), with				
PHYSICIAN: The hospital or This certificate stached for u Dept. of Heal	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (If either, notify medical experience)	FDEATH HOUR A.M. Month Day Ye	21c. HOW INJURY OCCURRED (Er	nter noture of injury in Port 1 ar Part 2,	Item 18.)				
	While Not while at wark of wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			County State				
	22a. I certify that (b) saw the decease couses stated at	22a. I certify that (x) (this haspitol) attended the deceased from 9-23-68, 19, ta_5-17-69, 19, that (x) (we) last saw the deceased alive on 5-17-69, 19, and that in (xx) (our) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (did nat) view the body ofter deoth.							
~ = = 3	296. SIGNATURE	V. Patrice	DEGREE PHYS.	MED. STAFF 22C.	DATE SIGNED 69				
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, page 3 should be filed		ra cit o V. Patricio,		pringfield State H kesville, Marylan	ospital d 21784				
TO HO Poge TO FUI direct shou	REMOVAL (Specify)	MAY 21-1969 PIPE	F CEMETERY OR CREMATORY - CREEK	23d. LOCATION (City or Town) NEW WINDSOR	(County) (State) RURAL MD				
VR A15	24. FUNERAL DIRECTOR	Aller & Sous	WEW 250R PARTY	2 0 1969 25b REGISTRAR	SIGNATURE				

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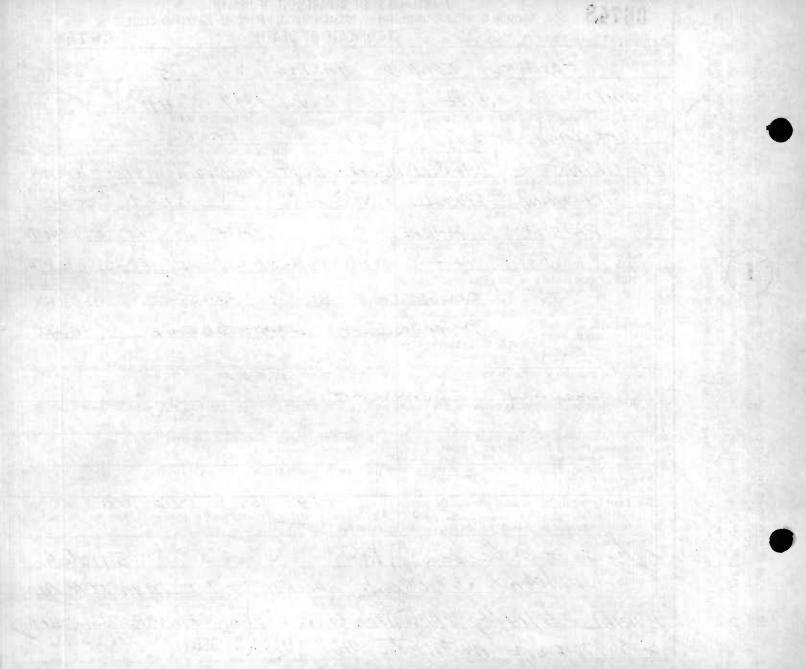
W								ENT OF HEAL			
15			06745	DIVISION OF					RE, MARYLAND 21201		
			00130			CERTIFI	CATE OF	DEATH		06744	
	£ _2£		ECEASED-NAME First		Middle		Last	20.	DATE OF DEATH		2b. HOUR_
	death.	(Type or print) Pach	righ	Theodor	0	Hala		Month	Day Year	545 M
	funeral funeral s 1 and 2	3. S		4. RACE	17100101		S. DATE OF BIE	RTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
	aft the ages aft aft		Male.	whit	0		0 1-	1881	last birthday)	RS. MONTHS DAYS	HOURS MIN
	by the fun gages 1 dours after o	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF W		8. MADDIE	NEVER MARI		UNTY OF DEATH	K3.	
	t in sign	cau	ntry) Md.	USA		WIDOWE		CED C	Carroll		
	La Barra	10.	CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN:	STITUTION (IF	nat in baspital		UPATION (Kind of work do	ne 12h KIND OF	F BUSINESS OR
	xecuted within 24 haur completely filled in by move carban papers. In ny event, within 72 hou		Westminster	give	carroll Co	. Hos	ott.	during most of	working life, even if retired	d.) INDUSTRY	DOSINESS OR
	d and cart	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STRFFT AND NUMBER								
	the see of	aam	issian) STATE Md.	J3b. COUNTY	Balto.	Hamp	stead	YES NO	Rd. 2		
	cian and completes, remove and in any eve	14.	FATHER'S NAME First Zachari	ah Hale	Last		IS. MOTHER'S MA	IDEN NAME First Chael Un	Middle		Last
	cian cian and i	160	. WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY I		INFORMANT				
He law requires that the death certificate be executed within 24 haurs after death attending physician.	physicial physicial ren please aval, and i	100	(es, no, o Moknown) (If yes give	var or dales of service)	213-40-22	72		n L. Hale	Rd. 2 Hamps	tead, Md	•
	eath certifi ending phy nit. Then ar remava		18. CAUSE OF DEATH (Enter or	ly ane cause per li	ne far (a), (b), and (c).)				APPROX RETWEEN	IMATE INTERVAL ONSET AND OEATH
	eath indii nit. ar re		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	CERE	BRA	4 7	THROM	Bosis	1/1) AVS
	atte pern an,	-	4339	DUE TO, OR							
d	the the sit is notified		Canditians, if any, which gave rise to immediate couse (o).		CEREB	RAL	VASC	-ULAR	DISEASE	VE	ARS
8	equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem		stating the underlying cause	DUE TO, OR A	AS A CONSEQUENCE OF			(PATHER	OSCLEROSII)		
m	ires iysic ined rial- rial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
N	AN: The law requires that are attending physician icate has been signed by far use as the burial-traited the first that the burial, cre		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	O THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(o)		
	law ndin bee s th iar t	TION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	REORMED	20a. AUTOP)(Y2	20b. IF YES, WERE FINDING	S CONSIDERED IN C	EDTIEVING
	YSICIAN. The law re aspiral ar attending certificate has been they far use as the or. af Health priar ta	CERTIFICATION				iii o iii ii b	YES T	NO FR	CAUSES OF DEATH?	3 CONSIDERED IN C	LKIII IING
	al al	CER	21o. ACCIDENT WAS UNDERLYIF	IG 21b. TIME OF	FINJURY	21c. 1			e af injury in Part 1 or Part	2 Item 181	
	Pital pital rtifica d fa af He	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year					2, ,,	
	JING PHYSICIAN: by the haspital ar fler this certificate be detached far u State Dept. af Heal	ME	21d, INJURY OCCURRED 21e.		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION Street	ar R.F.D. Na.	City or Town	Caunty	State
		13	at wark at work						/ /		
	ffer be of state		22a. I certify that (I) (the saw the deceased a	is haspital) atte	ended the decease	ed fram_	5-/17	, 1969,	to 5/28,	1969 , that	(I) (we) last
	OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certifica le 3 shauld be detached far ed with the State Dept. af He		saw the deceased a causes stated abave	live an	(did not) view the	9 <u>6</u> 9, ar	nd that in (my	(aur) apinian	death accurred an the	date and haur	and fram the
0	ATT estair CTO Sha ish		22b_SIGNATURE	/ (We) (BIO)	(did fidi) view file i	budy uner	deuiii.		2:	2c. DATE SIGNED	,
	OR DIRE e 3 ed w		Vincent	a. hu	occo a	MA	ATTENDING PHYS.	MED. DIRECTO	R STAFF	-/28/1	19
W.	ral OR ATTENE nay be retained AL DIRECTOR: A page 3 shauld e filed with the		226. PHYSICIAN'S NAME (Type)	1	0,		22e. ADDR			3 / 16	,
	NER.										
	TO HOSPITAL OR ATTENDING Page 4 may be retained by it TO FUNERAL DIRECTOR: After director, page 3 shauld be d shauld be filed with the State	23a.	BURIAL, CREMATION, 23b.	y 30, 19	23c. NAME OF	CEMETERY OF	Cemetery	23d.	LOCATION (City or Town) Hampstead	#########	(Stote) Md.
	5-5-00		FUNERAL DIRECTOR	3 209 17	ADDRESS	itan					114.
	VR A13		ipton - Eline	Funeral		tead.		DATEJUN		R'S SIGNATURE	200
								DATE UIT	1 1000	- //	

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	· · · · ·		16747 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							06747	
	. 2 .	1 0	ECEASED-NAME F	irst Middle		Lost		DATE OF DE		00111	Lat. Have
	be executed within 24 haurs after death. I and campletely filled in by the funeral e remave carbon papers. Pages 1 and 2 I'n any event, within 72 hours after death.			lo-MAN Osca		EINE		. DATE OF DEA		oy Year	SO 5 M
	in Je	3. 5	EX	4. RACE		S. DATE OF BIR		6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	ov the fundages		Male	White			er 10, 1	1	54 birthdoy) YRS	MONTHS DAYS	HOURS MIN.
	au au	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEC	NEVER MARR	9. CO	UNTY OF DEA	ATH		
	24 ho d in pers. 72 h	100	Maryland	U.S.A.	WIDOWE	DIVOR		arroll			Md.
	equires that the death certificate be executed within 24 has physician. Signed by the attending physician and campletely filled in burial-transit permit. Then please remave carbon papers. burial, crematian, ar remaval, and in any event, within 72 has	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA give street address)	L OR INSTITUTION (IF	not in hospitol	12a. USUAL OC	CUPATION (Kir	nd of work done	12b. KIND OF	BUSINESS OR
	y bet with		Westminster	Carro II C	o. Genera				, even if retired.)	Build	ing
	nple cal	13o.	USUAL RESIDENCE (Where dec nission) STATE Maryland	eosed lived, if institution: Residence			YES NO.	13e. STREET	AND NUMBER		0
	car car	14			Linwo		X				
	and rem	14.		Middle		15. MOTHER'S MAI			Middle		Lost
	an dan dinding	1	Oscar		iner		Carri	е		Six	
	e death carticale b attending physician permit. Then please an, ar remaval, and ii	160	. WAS DECEASED EVER IN U.S. A	ive war or dates of service)		INFORMANT			Address		
	phi bh		res, no, or unknown) (If yes gi	220–18-		s. Kath	leen Hei	ner, L	inwood,	Marylan	d
1	E PE	13	18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), USED BY:	ond (c).)						MATE INTERVAL INSET AND DEATH
	eath endi		PART I. DEATH WAS CAU	USED BY: EDIATE CAUSE (0) _ CONGE	STIVE	Heo	nt Fo	ilu	·e	3	Merittes
	atte		Conditions, if ony, which gov	DUE TO, OR AS A CONSEQUE	ICE OF				,		
	t the sit is		Conditions, if ony, which gov	ve) (b) ASERI	osclew	tec H	tant I	11200	le.	134	earr.
	n. by 1 ans	b	rise to immediate couse (a stating the underlying cou	1),(*				
	ed led lal-tr		lost.	(c)	William .						
m	requires that the death g physician. n signed by the attendi s burial-transit permit. a burial, crematian, ar re		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN	PART I(o)		
N	ng I an s an s ta b	2		Men a develo					, ,		
19	law reinding been s the iarta	ATIO	190. DATE OF OPERATION 19	9b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o, AUTOP	SY?	20b. IF YES	, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
1/	AN: The law requires the lat at a strending physician. It at a strending physician. It are use as the burial-transtate briat ta burial, cre-	CERTIFICATION				YES	NO 🖂	CAUSES OF	DEATH?		
N.	ar ar us		21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	21c.		JRRED (Enter notu	re of injury in	Part 1 or Port 2	. Item 18.)	
	CIA iital iital fifica iital iital	MEDICAL	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. Month Doy	Year 19			1-7		,,	
	YSI cert che pt. c	ME	OLA INITIDY OCCUPATED TO	The PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING,		LOCATION Street	or R.F.D. No.	City or T	Town	County	State
	by the haspital by the haspital fler this certifice be detached far State Dept. af He		of work of work							,	
	by 1 by 1 be o		22a. I certify that (I) ((this haspital) attended the d	eceased from_	5 3		ta5	-21,1	9 6 8, that	(I) (we) last
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		saw the deceosed causes stated abo	(this haspital) attended the d alive an Significant Size, (I) (we) (did) (did not) view	13/19 6 7, as with the bady after	nd that in (my death.) (our) opinion	death occu	urred on the d	late ond hour	and fram the
	AT etail		22b. SIGNATURE		2				220	. DATE SIGNEO	
	OR be red w		Lavel	Havel V.	Dess OEC	REE PHYS.	MED. DIRECTO	OR D ST	AFF HYS.	5-21-	69
	AL CAL		22d. PHYSICIAN'S	Da.	2 0 -	22e. ADDR			, Ge	ver!	11
	TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	L	NAME (Type)	ANIEL PALI			arroll		urtz	Hosp	p, 100.
	HC age	230.	DEMOVAL (C		ME OF CEMETERY O			LOCATION (C	City or Town)	(County)	(Stote)
	5 5 5 S		REMOVAL (Specify) Burial	av 24. 1969 Mt.	Olivet (emetery	H	anover	York (Co., Pen	na.
	VR A15 (4) 45M - 1/69	24.		NATUCE			2So. REC'D BY REG	ISTRAR	2Sb. REGISTRAR	CCICALATIIDE	400
	45M - 1/69		C.O.Fuss & S	on Taneyto	wn, Mary	land	DAMAY 2 6	1969	The same	A Marie	~

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15	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	7	746
1 ond 2 er deoth.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR_
	3. SEX A. RACE S. DATE OF BIRTH NOV-1, 1897 6. AGE (In years list birthdoy) MONTHS WONTHS WONTHS	
)	70. 8IRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) MARYLAND U.S.G. WIDOWED DIVORCED CARROLL CO	
0	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most af working life, eyen if retired.) 12b. K 13c. USUAL OCCUPATION (Kind of work done during most af working life, eyen if retired.) 13d. WSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13d. STREET AND NIJMBER	IND OF BUSINESS OR STRY WMRR
06	Odnission) STATE OF THE STATE O	OAD
	PHILIP HARPEL KATE LAUGE	ERMAN
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or doles of service) W. W. FINKS RU	RG- PTHI
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ON: OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). (b) ATHERO SCLEROTIC HEART DISEASE Y	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH VEEKS
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF [ast. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
<	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH? 216. HOW INVIETY OCCUPPED. (Enter power of invier) in Part Los Part 2, Itam 182.	D IN CERTIFYING
	OR CONTRIBUTING CAUSE OF DEATH OF HOUR A.M. Month Day Yeor P.M. 19	
	While Not while of work of work	
	22a. I certify that (I) (this haspital) attended the deceased fram \$\\ 5/9 1969 ta \\ 5/10 1969 saw the deceased alive an \\\ \(\tau \) 19 69, and that in (my) (aur) apinian death accurred an the date and causes stated abave, (I) (we) (did) (did nat) view the bady after death.	
	226. SIGNATURE Line ATTENDING MED. STAFF ST	0169
	NAME (Type) VINCENT D. FIOCCO LR ANCHORST WESTMINSTE	RMO
	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County REMOVAL (Specify) 5/14/69 CARDOLLTON CHURCH OF CONTROL 25b. REGISTRAP SIGNATURE 25b. REGISTRAP SIGNATURE 25b. REGISTRAP SIGNATURE 25b. REGISTRAP SIGNATURE	RTHIMD
680	25. FECT BY REGISTRAR SIGNATURE ST. 25. RECD BY REGISTRAR SIGNATURE SIGNATUR	sage.

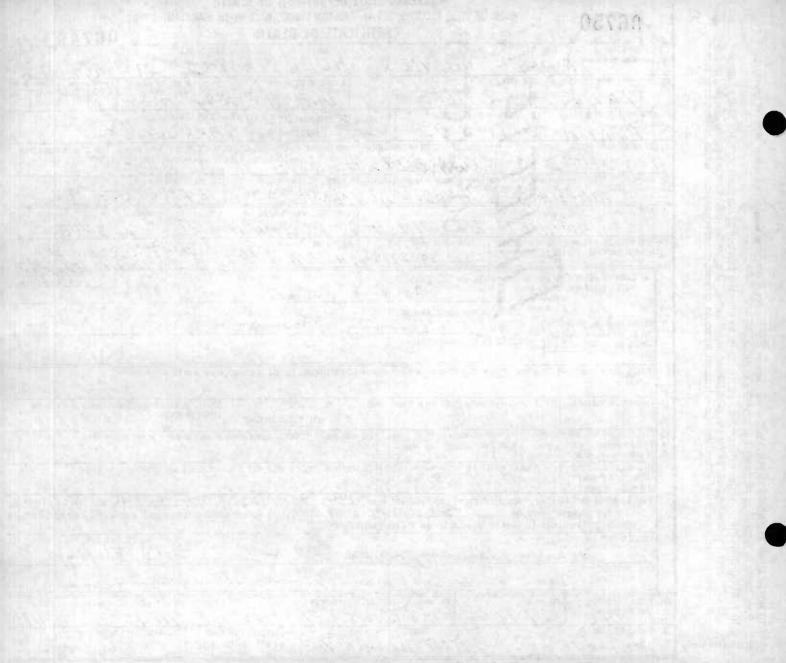


1	1. DI (T	CEASED-NAME First ype or print) Lorrain	9	Middle C.	Hu	lost	2o. DATE (0674 DF DEATH 5-23-69 DO		2b. HOURM
IJ	3. SE	x Male	4. RACE	hite		S. DATE OF BIRTH	¥ 1892	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
- 4"	7o. E	BIRTHPLACE (State or foreign try) Maryland	76. CITIZEN OF WH			NEVER MARRIED	9. COUNTY (. 1710.		
13	10. 0	TY OR TOWN OF DEATH Sykesville	11. NA give st	ME OF HOSPITAL OR INS	STITUTION (If no	t in hasnital 12a I	ISUAL OCCUPATION	N (Kind of work done of life, even if retired.)	12b. KIND OF B	USINESS OR
30	13o. admi	USUAL RESIDENCE (Where deceasession) STATE Maryland	ed lived if institution	an: Residence before	13c. CITY OR	imore YES A		STREET AND NUMBER		
-		ATHER'S NAME First Lorraine S. Hi		Last .			E First izabeth	Middle Dorsey		Lost
	16a. Y	WAS DECEASED EVER IN U.S. ARA es, na, of unknown) (If yes give w	NED FORCES? ar or dates of service)	16b. SOCIAL SECURITY A		formant Springfiel	d St. Ho	Address Ospital Rec	ords	
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	DV.)	itis with	ner	hritis.	APPROXIM	ATE INTERVAL SET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (o),	DUE TO, OR AS	s a consequence of Bronchopne			- 10 to 10 t		days	
		stating the underlying cause lost.	DUE TO, OR AS	S A CONSEQUENCE OF						
	Z	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIV	/EN IN PART 1(a)		
1	CERTIFICATION			CH OPERATION WAS PER		20a. AUTOPSY? YES X NO	CAUS	IF YES, WERE FINDINGS (ES OF DEATH?		RTIFYING
	¥	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. P.M.	Month Day Year				ury in Part 1 or Part 2,	Item 18.)	
	W	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (-	ATION Street or R.F.D.	Na. Cit	y or Tawn	County	State
	3	22a. I certify that (t) (thi saw the deceased a causes stated abave	s haspital) atterive an 5 23. XI) (we) (did) (the decease	d fram 9, and bady after de	ープー上と , 19 that in (神外) (aur) (eath.), ta_ apinian death	5=23=69 , 19 accurred an the do	, that (ite and haur a	> (we) last nd fram the
,		22b. SIGNATURE	in a	1/	N D DEGRE	ATTENDING PHys.	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED 5-23-69	
		22d. PHYSICIAN'S NAME (Type) Octa	vio A. Ri	uiz, M.D.				. Hospital	Sykesv	ille, 1
	=	BURIAL, CREMATION, 23b. (REMOVAL (Specify)		23c. NAME OF (ION (City or Town)		

3 pr 2 BT HIS THE SHOULD BE STANFOLD BY through the father at Title there, the about Difference of the same of the . C. . .

13+	0.0	750	DIV	ISION OF VITAL	RECORDS, 301	W. PRESTON	STREET, BALTI	MORE, MARY	LAND 21201		
	0.6	130			CERT	TIFICATE (OF DEATH			06749	
Z = 1.	DECEASED-NA (Type or pri	.1	First		Middle	Last	, ,	2a. DATE OF D			2b. HOUR
and 2 death.		M	ARY		GNES	HU	77	0		1969	17 M
after 3.	SEX	mn 1 s	4.	RACE	TE	S. DATE (OF BIRTH	2 100	. AGE (In years last birthday)	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.
0.2	DIDTUDIAC	E (State or foreign	71	CITIZEN OF WHAT COUR	ITDV2 0	111.	TRETTO	9. COUNTY OF D	75 YRS	5.	
	ountry)	DOWN A	4//	11 . S. C	110	ARRIED NEVER	MARRIED	CARK		(%)	
a 1	CITY OR TO	IWN OF DEATH	VIV	11. NAME OF H	OSPITAL OR INSTITUTION	ON (If not in basni	tal 112a IISIIA	L OCCUPATION (K	and of work done	12b. KIND OF BU	JSINESS OR
		TMINS			POLLEG	P. GEN. H	LOSP turing mo	st of working life	e, even if retired.	INDUSTRY	
remave carban any event, with	la. USUAL RE Imissian) S			red, if institution: Resi	dence befare 13c. (CITY OR TOWN	13d. INSIDE CITY LIF	MITS? 13e. STRE	ET AND NUMBER		
y ev		MAKY	LANY) UTIK		ESTMIN	14/2	/ /	LE. GRE	th si	
n an	4. FATHER'S N	AME First	MAL	Middle	WALSH		'S MAIDEN NAME FI		Middle	TOULE	Last
and i	6a. WAS DEC	EASED EVER IN U.S	ARMED F	ORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMAN			Address	DOYLE	2
be detached far use as the burial-transit permit. Then please remave car State Dept. af Health priar to burial, crematian, ar remaval, and in any event,	Yes, na, ar		s give war or de		-28-2878	W111/2	AM B.H	WILL in	F STM	INSTER	Min
ma	18. CAU	SE OF DEATH (Ent	ter anly an	e cause per line far (a						APPROXIMA BETWEEN ONSE	E INTERVAL THE AND DEATH
5	PAR	T I. DEATH WAS O	AUSED BY: MEDIATE CA	AUSE (a)	Card	ne ar	rest		7-599		
burial, crematian, ar r	4	ns, if any, which g		DUE TO, OR AS A CON	SEQUENCE OF		de .			2 10	~
ma	rise to in	nmediate cause	(a),((b) DUE TO, OR AS A CON	Corone	my 1	Mounte				7
	stating t	he underlying co	ouse	(c)	SEQUENCE OF						
	PART 2.	OTHER SIGNIFICAN	T CONDITIO	ONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVEN	N PART 1(a)		
	2										
	19a. DATE	OF OPERATION	19b. COND	ITION FOR WHICH OPER	ATION WAS PERFORM		AUTOPSY?	CALICES C	ES, WERE FINDINGS OF DEATH?	CONSIDERED IN CER	TIFYING
	210 ACC	IDENT WAS UNDE	DIVING	21b. TIME OF INJURY			NO NO OCCURRED (Enter) la-m 10 \	
		TRIBUTING CAUSE	OF DEATH		Day Year	ZIC HOW INJUK	CCOKKED (Enter	natore at injury	mirani urrani	2, 110111 10.]	
	21d MI	, natify medical e URY OCCURRED	21e. PLAC	E OF INJURY (AT HOME, OFFICE B	FARM, STREET, FACTORY,	21f. LOCATION	Street ar R.F.D. Na.	City a	Town	Caunty	State
	at work	Nat while at work			20075	4577					WE
	22a. I	certify that (I) (this ho	ospital) attended	the deceased fro	m May	4, 196	9 , to M	my 7 ,1	19 <u>6 4</u> , that (I) (we) last
	50	w the deceas uses stated a	ea alive bave, (1)	(we) (did) (did=0	t) view the bady	4, and that in after death.	i (my) (aur) apii	nian death ac	curred an the	date and haur at	na tram the
	22b. SIGN		7,17	, /			ENDING M	IFD -	STAFE 22	c. DATE SIGNED	
		John	u s	· Harri	mo.	DEGREE PHY		IRECTOR	STAFF PHYS.	5/7/69	
1	22d. PHY	SICIAN'S ME (Type)	OHIV	S. HAR	SHEY M		anchor	st w	estering	ter med	
2	3g BURIAL (REMATION 1	23b. DATE		3c. NAME OF CEMET		RY	23d. LOCATION	(City or Town)	(County)	(State)
-	SEMOVA	(Specify)	5/	9/69	XRID.	FRS Cr	EMETER	WET	TMINI	STER	MD
Q E	4. FUNERAL	DIRECTOR	-11	2 / lan	ADDRESS	to n	2Sa. REC'D B		2Sb. REGISTRA		
58	1	2000	NVI	11/1/11/11	MIMM	2202/11	20 DATANY	1 2 196	y yelles	welly Judge	VEO -

MAKTLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH	
- 1	06751 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	-
death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH Month Day Year 6.	P
	11/11 20 69 21	15 M
	3. SEX 4. RACE 5. DATE OF BIRTH FE/3, 4, 1894 6. AGE (In years IF UNDER 1 YEAR) IF UNDER 2 HOURS WHITE VALUE 7. YRS.	MIN,
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AREVER MARRIED 9. COUNTY OF DEATH COUNTRY) 10. COUNTY OF DEATH COUNTRY)	
	(COUNTRY) MARYZAWO U. S. Q. WIDOWED DIVORCED CARROLL CO. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/2a, USUAL OCCUPATION (Kind of work done 1/2b, KIND OF BUSINESS CO.)	Md.
6	WESTMINSTER give street address) AVE during most of working life, even if retired.) INDUSTRY	K
Old evelle	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before of the company of t	
1	14. FATHER'S NAME First Middle Lost , IS. MOTHER'S MAIDEN NAME First Middle Lost	_
1	HOWARD MILTON HYLE IDA MANDILLA RAUMGARDN	EP
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 2.10 1.00 17. INFORMANT Address SAME	>
	165, no. of unknown) (IT yes give wor of dates of service) 219-12-0145 MRS-CLARENCE A. HYLE, ADDRES	3
	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEL	TH
	PART I. DEATH WAS CAUSE (0) Caronagy Throughesei (agute) munites	
	4100 DUE TO, OR AS A CONSEQUENCE OF Ag altersion arteriorcheses 5 year	2
	Conditions, if any, which gove rise to immediate cause (o). (b) Carauchy Insufficiency Worl	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	2 10 DATE OF ONE D	
ĺ	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21b. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
	YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
H	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	
	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) While Not while D. Not while D. OFFICE BUILDING, ETC.	ıte.
	While Not while \(\) \(-
	220. I certify that (I) (this haspital) attended the deceased from 3/25/65, 19, to 5/20, 19,64, that (I) (we	lost
	220. I certify that (I) (this haspital) attended the deceased fram \$\frac{325}{65}\$, 19, to \$\frac{5}{20}\$, 19\frac{64}{65}\$, that (I) (we sow the deceased olive on \$\frac{64}{65}\$, 19, and that in (my) (our) opinion death occurred on the date and hour and from couses stated above (I) (wy) (dis.) (did not) view the body ofter death.	n the
1	226. SIGNATURE 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED	
	22d PHYSICIAN'S 220 ADDRESS DIRECTOR PHYS. 31AT 120 ADDRESS DIRECTOR PHYS. 4	
	22d. PHYSIG(AN'S NAMY (Type) 220 ADDRESS THEELESSEE MIN 21157	
		=
	23d. BURIAL, CREMATION, BENOVA (Specify) 5/23/69 123c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	>
1	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIX NATURE	-
	J. E. murs, A. Westmister, ml DAMAY 23 1969 Tolianles Jusque	

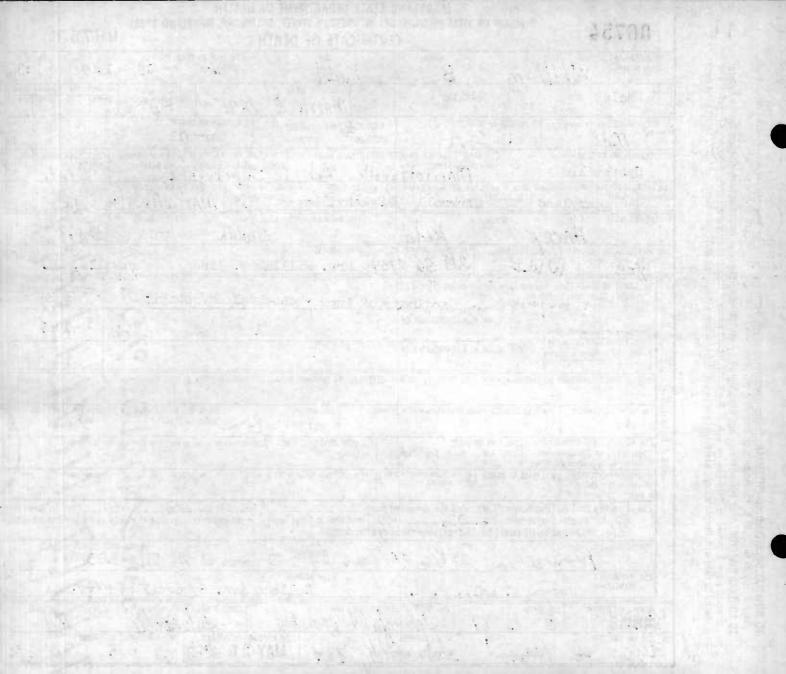
	1 13		06752	DIVISION OF V	ITAL RECORDS,	301 W. PRE	STON STRE		TH E, MARYLAND 212			
	. 2	1	DECEASED-NAME First		Middle	ERTIFICA			Danie de Cristia	06	751	
	er death. funeral and 2 er death.		(Type or print) Jame	S	(NMN)		lost Kelly	20.	DATE OF DEATH Month Mav	38	1969	26. HOUR 7:25
	offer affer	3.	SEX	4. RACE		S.	DATE OF BIRTI	Н	6. AGE (In yea		UNDER 1 YEAR	IF UNDER 24 HRS
	S		Male	Neg	gro	-	10-1	17-33	last birthday	YRS.	INTHS OAYS	HOURS MIN
	画()	70.	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIE	9. COL	JNTY OF DEATH			
	4	S	outh Carolina	U.S.A		WIDOWED	DIVORCE		Carroll			M
	within San pa	1	CITY DR TOWN OF DEATH ykesville	11. NAM give stre	E OF HOSPITAL DR INS eet oddress) agfield St	TITUTION (If not	in hospital	during most of	UPATION (Kind of work working life, even if ret tion Attend	done ired.)	12b. KIND OF I INDUSTRY	BUSINESS OR
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers: "Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death	130	o. USUAL RESIDENCE (Where deceose mission) STATE Maryland	d lived, if institution	: Residence before	13c. CITY OR TO Baltin)WN 13d	I. INSIDE CITY LIMITS?	13e. STREET AND NUMB 2610 Fran	BER	Street.	
	d cc ma	14.	FATHER'S NAME First	Middle	Lost			EN NAME First	Mid		201 000	Lost
	sian and co		Tom		Kelly			Franc		dic		White
	ste gian eas	16	o. WAS DECEASED EVER IN U.S. ARME	D FORCES? 10	6b. SOCIAL SECURITY N		ORMANT	2 2 0110	Addı	ress		MITTOR
	if Son B		Yes, no, or unknown) (If yes give war	r or dates of service)	unknow	n Re	cords.	Springfi	eld State	Hospi	tal	
	ing play		18. CAUSE OF DEATH (Enter only	one couse per line							APPROXIM	LATE INTERVAL
	# P						oneumon	nia, aspi	iration typ	e.		ys .
	erm erm on, c		48.5X	, ,	A CONSEQUENCE OF						Du	,
	the stip		Conditions, if ony, which gove	(b)	. Consequence of							
4	that in. by t ians		rise to immediate couse (o), stoting the underlying couse	, ,	A CONSEQUENCE OF							
0	sicio sicio al-ti al, c		lost.	(c)								
70	equires that the dec physician. signed by the atten burial-transit permi burial, cremation, ai		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO T	HE TERMINAL D	ISEASE OR CONDITIE	ON GIVEN IN PART 1(o)			
y	ing ing ing ing ten ta	Z	Chronic alcoh	olism.								
,,	IAN: The law requires that the dea all or attending physician. irate has been signed by the attent for use as the burial-transit permit Health priar to burial, cremation, ar	CERTIFICATION	19o. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY	(?	20b. IF YES, WERE FIND	INGS CONS	IDERED IN CE	RTIFYING
	The off	RIFI					YES 🙀	NO 🗌	CAUSES OF DEATH?			
	AN: l or cate or u		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF IN	JJURY Month Day Yeor	21c. HOW	INJURY OCCUR	RED (Enter noture	of injury in Port 1 or P	ort 2, Item	1B.)	
	Pit p	MEDICAL	(If either, notify medical examine	r) P.M.	19							
	TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt	W	21d. INJURY OCCURRED 21e. P While Not while at work of work	LACE OF INJURY (AT	HOME, FARM, STREET, FACT FICE BUILDING, ETC.	ORY,) 21f. LOCA	TION Street o	r R.F.D. No.	City or Town	C	ounty	Stote
	by there be stated		22a. I certify that (I) (this saw the deceased all	haspital) attend	ded the decease	d fram	-21-59		ta5-26-6	9 19	, that	(I) (Se) las
	ed A: A S: A Jild he she she		saw the deceased all causes stated above,	ve on 5-2	26-69 19	and t	hat in (my)	(our) opinion o	leath occurred on t	he dote	and hour o	nd fram th
	TTO TO Shou		22b. SIGNATURE	(i) (we) Julu) (di	d half view life b	loay after dec	1111.			22c. DATE	CICAIED	
	REG w		Juis .	8.60	1111	DEGREE	ATTENDING PHYS.	MED.	STAFF PHYS.	ZZC. DATE	7.6/	10
	AL (LD)		22d. PHYSICIAN'S	0		-			111131	II		0/
	FRA ERA Jur, P		NAME (Type) Luis	F. Casal,	M.D.			Sykesyi	leid State	Hosp	oltar	
	Page 4 O FUNI directo	230	BURIAL, CREMATION, 23b. DA		23c. NAME OF C	EMETERY DR CR	EMATDRY		LOCATION (City or Town)		County)	(Stote)
	5 5 P P		REMOYAL (Specify) 5-	-29-69		uburn			altimore	,	rvlan	, ,
	VR AIS (M)	1	FUNERAL DIRECTOR		ADDRESS		25	o. REC'D BY REGIS	TRAR 2Sb. REGIS	IRAR'S SIGN	NATURE	- 0
	45M - 1	JI	ORTON & DYETT	F.H. 1	701 Lau	rens S	t. D	ATMAY 29	1969 800	royle	A Joseph	-

18		06753	DIVISION OF	VITAL RECORDS,		ATE OF DEA		E, MARYLI	AND 21201	0675	2
ergin.		CEASED-NAME First ype or print) Lula	N.V.	Middle Lee		Lost Kennedy	2a.	DATE OF DEAT	TH Month 19 Day	69 Yeor	2b. Hour 5:45
the food	3. SE	x female	4. RACE	ite		S. DATE OF BIRTH	393	6. /	AGE (In years st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
e deoth certificote be executed within 24 hours after death ottending physicion and completely filled in by the toderal permit. Then please remove corban papers. Pages Land 2 on, or removal, and in any event, within 72 hours after death	caur	BIRTHPLACE (Stote or foreign litry) Maryland	7b. CITIZEN OF W	HAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED	9. COU	INTY OF DEA	TH		N
within 2 fely fille to the control of the control o	Ru	ity or town of DEATH ralSykesvill	e Sp	AME OF HOSPITAL OR INStreet address) ringfield	State I	Hospital	uring most of v	working life, Sewife	d of work done even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
complet complet ove con y event	admi	USUAL RESIDENCE (Where deceasession) STATE Md.	136. COUNTY		Baltin	more YES	NO NO	1933	AND NUMBER Belve	dere Av	re.
be ex an and se rem		ATHER'S NAME First	Middle ?	Johnso	n	MOTHER'S MAIDEN	NAME First Lucin	da	Middle		Last
rhticote ohysicio on pleo ovol, an	Y	WAS DECEASED EVER IN U.S. ARM es, no, ar unknawn) (If yes give v	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY 215-09-08		FORMANT ringfield	Hospi	tal re	Address cords, S		
equires that the death certificate be executed by signed by the ottending physician and a signed by the ottending. Then please remote burial, cremation, or removal, and in any	3	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	lly one cause per fi D BY: ATE CAUSE (a)	ine for (o), (b), and (c). Acute myc	cardia	l infarct	ion				MATE INTERVAL DISET AND DEATH
the the mati		Conditians, if any, which gove rise ta immediate cause (a), (DUE TO, OR	AS A CONSEQUENCE OF Congestiv	re hear					day	rs
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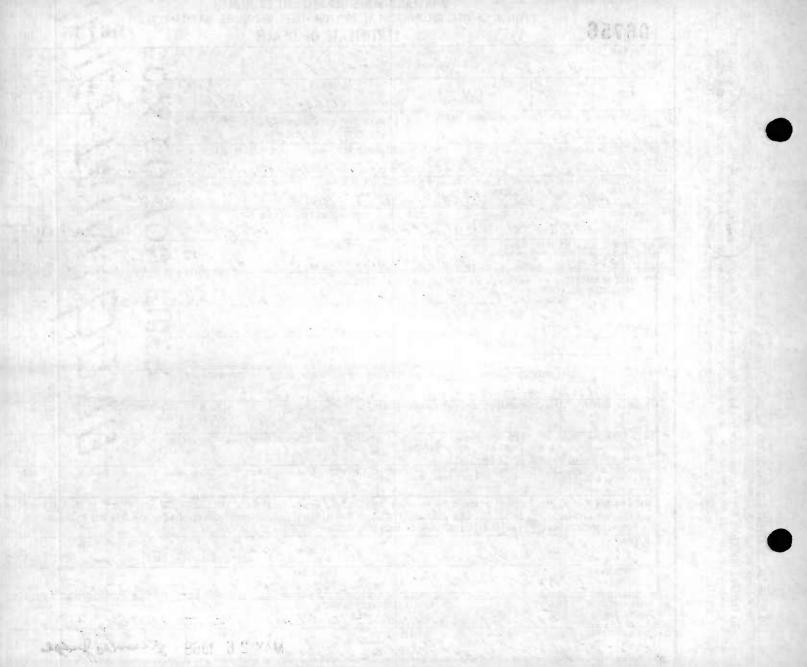
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ē	The		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	inly ane cause per	line for (a), (b), and (c)).)		East Till			BETWEEN O	MATE INTERVAL NSET AND DEATH
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	thi det de D	ul work of work
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	OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate ge 3 should be defached for u led with the Stote Dept. of Healt	sow the decelosed plive on the 26 1967, and that in (my) (our opinion depth occurred on the date and hour and from the
	Por H	couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.
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	HOU DOG	23d. BURIAL, CREMATION, 23V. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	5 5 5 p 2	REMOVAL (Specify) 5/31/69 St. Bartholomew Cemetery Hanover, Pa. R.D.1, York Co.Pa.
	VR A15 (4)	24 FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
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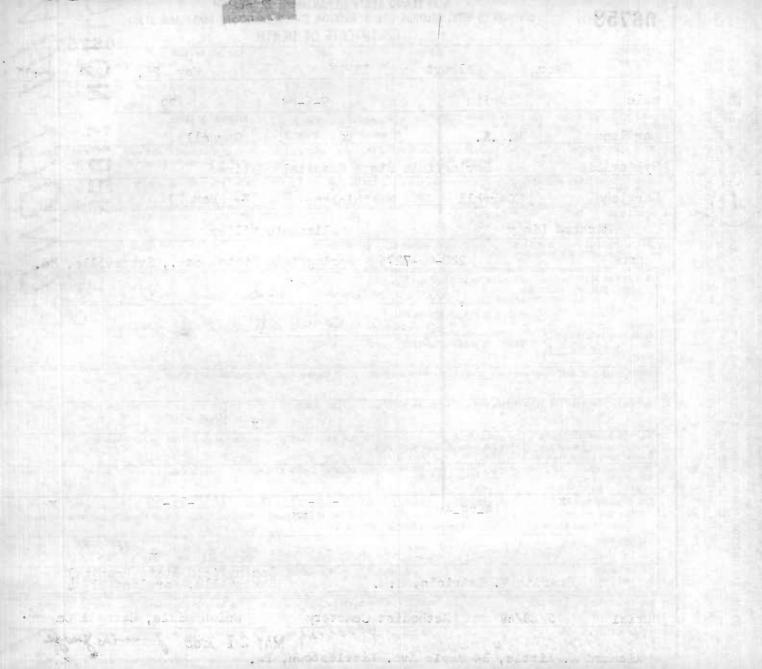
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	d day		OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Month Doy Yeo	21C. HOW INJOK! OCCURRED (EITIE	r noture at injury in Part I or Pol	1 2, Irem 18.)
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	= 77 7 70		saw the deceased aliv	e an 5/22	19.62, and that in (my) (aur) api	nian death accurred an th	e date and haur and fram the
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	aul aul	230.	BURIAL, CREMATION, 23b. DAT	E 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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rtificat physici en ple aval, a	100	Yes no, ar unknown) (If yes give	war or dates of service) 570-32-393		Address gfield State Hosp	
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VR A18, 4, 45M	1	Surger Fur	revel Home	Below Med DATE MA	Y 2 1 1969 CCL	rlas Judge

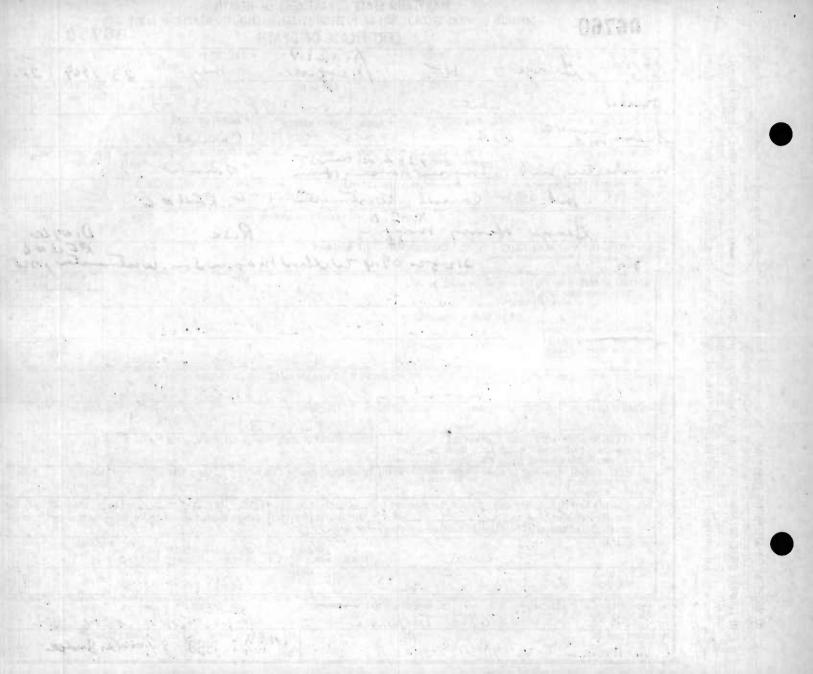
1	06758	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT OF T 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		
runeral 7 and 2 er death.	. DECEASED-NAME First (Type or print) Geo:	Middle	LIPPY	20. DATE OF DEATH May 25	06757 2b. HOUR 01969 6:15
s. Pages 7	sex male	4. RACE white	S. DATE OF BIRTH 9-5-89	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7	o. BIRTHPLACE (State or foreign ountry) Maryland D. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER OF DIVORCED	9. COUNTY OF DEATH Carroll	M
12	Sykesville	11. NAME OF HOSPITAL OR IN give street oddress) Springfield	State Hospital during me		12b. KIND OF BUSINESS OR INDUSTRY
06	Maryland	sed lived, if institution: Residence before	Westminster YES NO	Box 70	
	4. FATHER'S NAME First Richard	A 1. V	IS. MOTHER'S MAIDEN NAME F Elizabeth M	iller	Lost
	6a. WAS DECEASED EVER IN U.S. AR Yes, no, ocunknown) (If yes give	MED FORCES? var ar dates of service) 16b. SOCIAL SECURITY 220-09-76		tate Hosp., Syke	
	PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	imany Tub	ereulon's	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Comps while
	rise ta immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
2	SILIO	CONDITION FOR WHICH OPERATION WAS PE	YES NO X		
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Doy Yeor ner) P.M.	9		Item 18.)
2	While Not while at wark		CTORY.) 21f. LOCATION Street or R.F.D. No.		Caunty State
	causes stated abav	is haspital) attended the decease live an 5-25-09 e, (I) (we) (did) (did nat) view the	ed fram 5-16-69 , 19 9 , and that in (asy) (aur) api bady after death.		
1	22b SIGNATURE 22d. PMYSICIAN'S	V. P.E.	DEGREE PHYS. L DI	ED. STAFF 22c. RECTOR PHYS. 22 5	25/69
23	NAME (Type) Grad	DATE 23c. NAME OF	M.D. Syk	esville, Marylan	1d 21784
	DEMONIAL /C ()		ist Cemetery	Union Mills, Ca	rroll Co. Md.
K "	Richard High	Us 3 4 maplaces	Fell Park DATE	PEGISTRAP 969 2Sb. REGISTRAP	wes judge



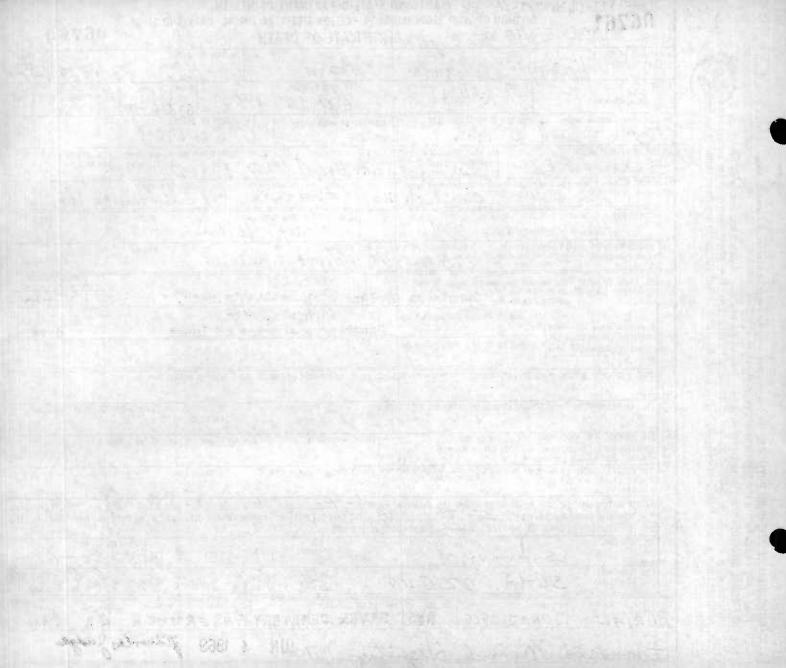
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OF 75 8 1. DECEASED MANE (Type or print)
CERTIFICATE OF DEATH 1. DECEASED-MAME [Type or print] First Middle Lost
County of Death County of
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The stand of the
70. 8IRTHPLACE (Stote or foreign country) MARYLAND 10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done law long) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before law. 131. USUAL RESIDENCE (Where deceased lived, if institution: Residence before law. 132. USUAL RESIDENCE (Where deceased lived, if institution: Residence before law. 133. USUAL RESIDENCE (Where deceased lived, if institution: Residence before law. 134. FATHER'S NAME First Middle Lost STOLATZ 135. WAS DECEASED EVER IN U.S. ARRED FORCES? 136. WAS DECEASED EVER IN U.S. ARRED FORCES? 137. MOIDEN APPROACH (First and) one course per line for (a), (b), and (c)) 14. FATHER'S NAME First Middle Lost STOLATZ 15. MOTHER'S MAIDER NAME First Middle Lost STOLATZ 16. WAS DECEASED EVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 27. NORMANT APPROACH RESIDENCE MERCALLY STOLAT AND QUARTER STO
THE COUNTY ARD U.S. A. WIDOWED DIVORCED
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION ((if not in hospital degree) 12. CITY OR TOWN 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 12. CITY OR TOWN 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 12. CITY OR TOWN 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 12. CITY OR TOWN 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working) life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work done during mast of working life, even if refried) 13. USUAL OCCUPATION ((ind of work
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14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDER NAME First Middle Lost 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 21. INFORMANT 21. INFORMANT ADDRESS APPROXIMANT MITERIAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ise to immediate cause (o), storing the underlying couse [b] PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E E E S E X E NO □ CASSO O SEALER
Caunty C
Caunty C
22a. I certify that (1) (this haspital) attended the deceased from 5/22, 1969, to 5/35, 1969, that (1) (we) las
22a. I certify that (1) (this haspital) attended the deceased from 5/25, 1967, to 5/25, 1967, that (1) (we) lass saw the deceased alive an 5/25 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.
The state of the s
saw the deceased drive an interest of the deceased drive and interest of the decease of the dece
While Not while at wark at war
23a, BURIAL CREMATION, 23b, DATE , 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State)
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 27 STEP PARK METH CEM. SMALLINGOLD CARROLL IN MD.
24 FLIMERAL DIRECTOR ADDRESS 250, RECID'BY REGISTRAR'S SIGNATURE
30M REV. 188 L- E. Mycro, R. Westminter, Md. DATE MAY 29 1969 Colombas Garage

	1		06760	DIV	ISION OF VI			TON STREET, BAL E OF DEATH	TIMORE, MARY	LAND 21201 (6759	
	# 7 H		ECEASED-NAME Type or print)	First	1	Middle	MA	MIN	2a. DATE OF DE	ATH Manth Do	V	2b. HOUR
	er death. funeral funeral funeral funeral funeral funeral			Georg		w.	ma	gen.	may	2	3 1969	2P.N
	in 24 haurs after filled in by the fu papers Pages I hin 72 haurs after	3. 5		4.	RACE	_	S. 4	OF BIRTH	16.	AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
	by the f Pages aurs afte	7.	male Comment	171 (Church of Wilst	COUNTRY	To	4-1-7	7	90 YRS.		
	P 2 2		BIRTHPLACE (State or fo	reign Co. 10.	CITIZEN OF WHAT USA .	COUNTRY	8. MARRIED		9. COUNTY OF DE	AIN		
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	withir within bon property fill	h	rondeste	, m.	, In	green 1	The second secon	forme	mast af warking life	e, even if retired.	INDUSTRY	703INE33 OK
	be executed within 24 and campletely filled is remove carbon paper in any event, within 72		USUAL RESIDENCE (Who issian) STATE		red, if institution: 3b. COUNTY	Residence before	Wesen	- de	NO P RES	T AND NUMBER		
	e exe	14.	FATHER'S NAME Fit	st .	Middle	MasiA	GIN IS. MO	THER'S MAIDEN NAME	First	Middle	0.	Last
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	hysician hysician n please val, and i	160	(es, no, ar unknawn)	V U.S. ARMED FO (If yes give wor or do	ORCES? stes of service)	b. SOCIAL SECURITY	17. INFOI	rmant / when he	agenis.	Address	Tomater	146 ms
	atending phy permit. Then ian, ar remova		1B. CAUSE OF DEATH	(Enter anly and	e cause per line l	far (a), (b), and (c).)	. 1	08		APPROXIM BETWEEN, DA	NATE INTERVAL
	attendir attendir permit. ian, ar re		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CA	AUSE (a)	Conger	time /	eart to	arlure	۸	12 h	->
	at the the nsit		4120			CONSEQUENCE OF	4 1-	11.			-	1/
h			Canditians, if any, wh	use (a)	(b) ar	lenose	terration	Heart	1 sures	re	/	1/3-
8			stating the underlyin	g cause	(c)	A CONSEQUENCE OF	inaun	Emps	hyper	Seren	e 5	y 1-5-
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	E B B S T	CERTIFICATION	19a. DATE OF OPERATIO	N 196. COND	ITION FOR WHICH	OPERATION WAS PI		20a. AUTOPSY? YES NO [CAUSES O	DEATH?	CONSIDERED IN CE	RIIFYING
	YSICIAN: 1 aspital ar certificate hed far us st. af Healt		21a. ACCIDENT WAS L		21b. TIME OF IN	IJURY Manth Day Year	21c. HOW I	NJURY OCCURRED (Ent	ter nature af injury i	n Part 1 ar Part 2,	Item 18.)	
	Spiriting and the spiriting an	MEDICAL	(If either, natify medi-	cal examiner)	P.M.		9				AC - AC	
		W	21d. INJURY OCCURRE While Nat while at wark	D 21e. PLACI	E OF INJURY (AT	FICE BUILDING, ETC.	(CTORY,) 21f. LOCATI	ON Street ar R.F.D. N	la. City ar	Tawn	County	State
	by t ffer ffer be o		22a. I certify tha	(I) (this ho	spital) attend	ded the deceas	ed from -2/	20 , 194	69 , ta 5	123_,1	69 , that	(1) (we) las
	ATTENDING stained by th CTOR: After t shauld be d ith the State		saw the dec	d above (1)	(we) (did) (di	d not) view the	body ofter deat	ot in (my) (our) of	pihion deoth occ	urred on the d	ote ond hour t	and from the
	OR ATTENI be retained JIRECTOR: A le 3 shauld ed with the		22b. SIGNATURE	111	1,	_1	DEGREE	ATTENDING	MED.	TAFF	DATE SIGNED	0
	y be y be go go filed		22d. PHYSICIAN'S	141	10000	1	DEGREE	PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	5/23/6	7
	SPITA 4 ma IERA or, p d be	L	NAME (Type)	W. 11	FOAT	d M	<i>p</i> .	MAN	chest	Cr. N	10	
	TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac should be filed with the State Dep	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	6-1969	23c. NAME OF	CEMETERY OR CREE	WATORY	23d. LOCATION	(City or Town)	(County)	(State)
	- 1M	24.	FUNERAL DIRECTOR	2	5 1/	ADDRES!		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	1701
	30M REV 1 68	C	M. Walts,	BOXJ41	JyKesi	ille My		DATE	2 7 1969	Haras	las yardy	e.

MAKTLAND STATE DEPARTMENT OF HEALTH



1 14	1	06761 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
N N	It	em6 FilmG413 6/9/69 kk CERTIFICATE OF DEATH	06760
de oth.		DECEASED-NAME First Sittle Main 20. DATE OF DEATH (Type or print) HORRY Sittle Main May 30	Yeor 9 25. HOUR
24 hours after deoth d in by the tunerol pers. Pores and 27 72 hours after death	3. 5	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
in 24 hours filled in byta popers. Pol hin 72 hours	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED COUNTY OF DEATH	Md.
E E	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13o odn	. USVAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER nission) STATE May long 3b. COUNTY Charlotte Hage 25 Town YES NO 37 E. Baltim.	ere St.
ertificate be executive physicion and compense remove oval, and in ony every	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Mary Heiner	Lost
rificate shysicio n pleas val, and		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 2172-09-6947 Hospital Records. Address	
AN: The law requires that the death certifical or ottending physician. Icote has been signed by the ottending physicor use as the burial-transit permit. Then phealth prior to burial, cremation, or removal,	Г	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Carcinoma of lung with metatesis, neck,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONT hs
t the deotl the ottendi sit permit. nation, or r		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF adrenals, ribs Cancerpous abscess of lungs	days
equires that the physician. signed by the burial-transit burial, cremat	-	rise to immediate couse (a), stating the underlying couse last. (b) Countries to immediate couse (a), stating to immediate couse (b). Stating the underlying couse (b). Stating to immediate couse (b). Stating to immediate couse (c), stating to immediate couse (b). Stating to immediate couse (c), stating the underlying (c), stating the underlying couse (c), s	
A required by the sign of the purious to buri	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
AN: The law rall or ottending licote has been for use os the Health prior to	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
PHYSICIAN: The low rehe haspital or ottending this certificate has been letoched for use os the Boet. of Health prior to	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Yeor (If either, notify medicol examiner) 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor 19	em 18.)
PHYSI he hast this cer letoche B Dept.	ME	21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed be retained by the haspital or ottending physician. IRECTOR: After this certificate has been signed by the ottending physician and comple e. 3 should be detached for use as the burial-transit permit. Then please remove as ad with the State Dept. of Health prior to burial, cremation, or removal, and in any even		22a. I certify that (**) (this haspital) attended the deceased fram	e ond hour ond from the
RECTOI 3 should with the			ATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type) SUHA OZGUN 22e. ADDRESS SPAINGFIELD State Hosp	ifor & Sykesville
TO HOSI Page 4 TO FUNE directo should	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) JUNE 2-1969 REST CHAVEN CEMETERY HAGERSTOWN	(County) (Stote)
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR FUNERAL DIRECTOR Frank L Minnigh Hageistown Md JAHN 4 1969 25 COGISTRAPES	



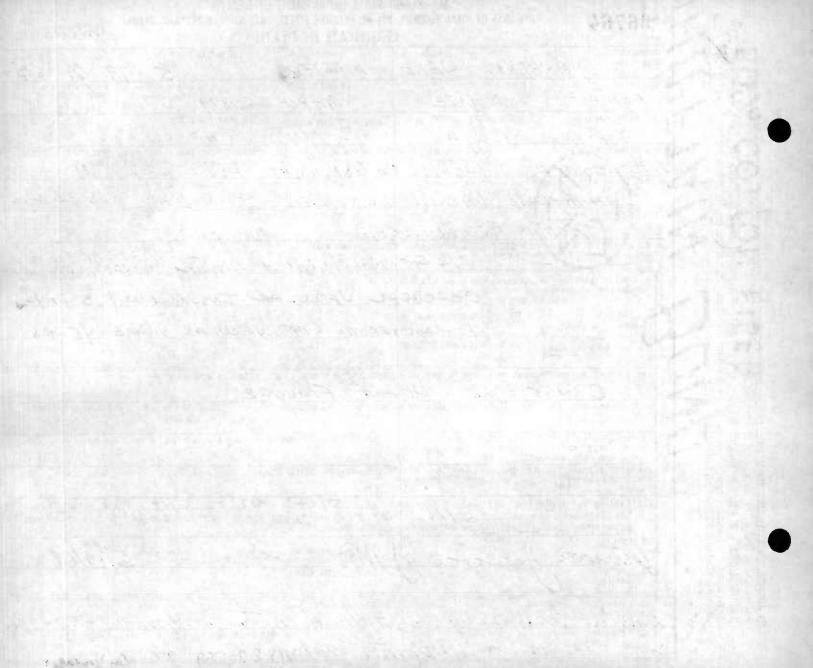
MARYLAND STATE DEPARTMENT OF HEALTH



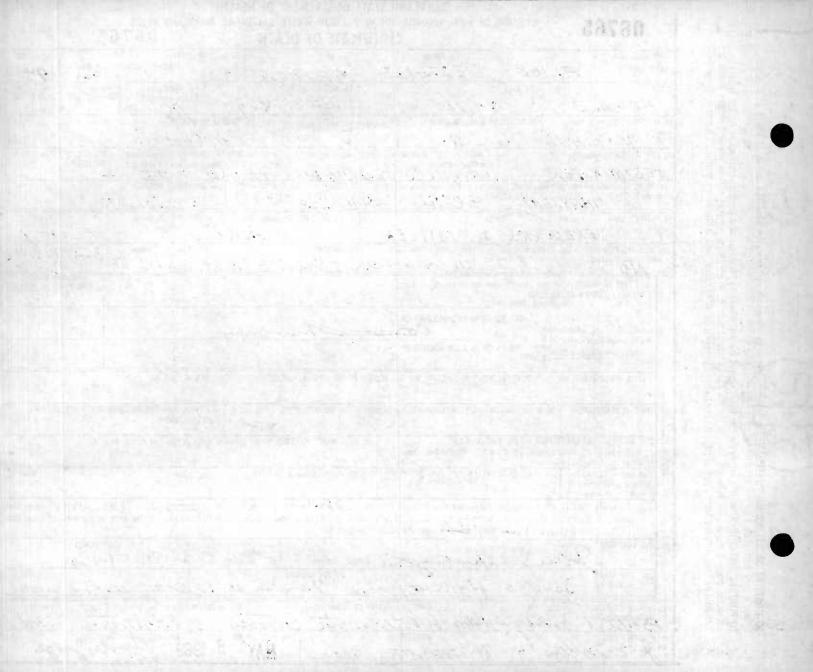
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-				CERTIFICA	TE OF DEATH			067			
1	DECEASED-NAME (Type or print)	First	Middle		Lost	20. DATE OF C	EATH Doy	Vegr	2b. HOUR		
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3	SEX		4. RACE		. DATE OF BIRTH		6. AGE (In years	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN		
L	Female		White	1	August 12,	1886	last hirthday) 82 YRS.	MONINS OAIS	HOURS MIN.		
7	o. BIRTHPLACE (Stote or fore	eign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF E					
1	ountry) Marylan	d	U.S.A.	WIDOWED 🖸		Ca:	rroll		Md.		
1	Westminst	er	11. NAME OF HOSPITAL Of give street address) Carroll C	or INSTITUTION (If not	during m	ast of working li	Kind of work dane fe, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR		
1:	Bo. USUAL RESIDENCE (Whendomission) STATEMary	l and	ived, if institution: Residence be 13b. COUNT arroll	fore 13c. CITY OR T	OWN 13d. INSIDE CITY I	_	W. Main	Stree	t.		
ī	4. FATHER'S NAME First		Middle La		MOTHER'S MAIDEN NAME		Middle		Lost		
	H	enry	W	elsh		Olivia		Penn			
T	6g. WAS DECEASED EVER IN		FORCES? 16b. SOCIAL SECUI		ORMANT		Address				
	Yes, moor unknown)	ii yes give war or	218-54	-2691 MI	s. Gladys	Arbaus	h Same	As #1	3		
f	18. CAUSE OF DEATH	(Enter anly a	ne cause per line far (a), (b), and						MATE INTERVAL INSET AND DEATH		
ı	PART I. DEATH WA	S CAUSED BY	':						TOP THE OPTIM		
ŀ	486Y	THINEDIALE	DUE TO, OR AS A CONSEQUENCE	F OF	N	1 - 1 - 1					
I	Canditions, if any, which	th gave)	(b)	neumo							
ı	rise to immediate cau	rise to immediate cause (o), (D) DUE TO, OR AS A CONSEQUENCE OF									
ı	last.	toring the bilderlying coose									
I	PART 2. OTHER SIGNIFIC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
1	Z		Congestini	heart)	ailure						
1	190. DATE OF OPERATION										
1	E				YES NO E	CAUSES	OF DEATH?				
			21b. TIME OF INJURY	21c. HOV	V INJURY OCCURRED (Ente	er noture of injury	in Port 1 or Port 2,	Item 18.)			
1	G CONTRIBUTING CAL	SE OF OEATH	HOUR A.M. Manth Day P.M.	Yeor 19							
	21d. INJURY OCCURRED While Not while at work	21e. PLA	CE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC		ATION Street or R.F.D. No	City o	r Town	County	Stote		
	220. I certify that	220. I certify that (1) (this haspital) attended the deceased from april 29, 1969, to man 7, 1969, that (1) (we) los									
	saw the dece	220. I certify that (I) (this hospital) attended the deceased from affice 29, 1967, to mean 1967, that (I) (we) lost saw the deceased alive on 1969, and that in (my) (our) opinion death occurred on the date and hour and from the									
		couses stated above, (I) (we) (did) (did no t) view the body ofter death.									
	22b. SIGNATURE	226. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR									
	DOL DINGLOSTAGE	اسا	o. Jane) and DEGRE	PHYS.	DIRECTOR \square	PHYS.	5/1/6	9		
	22d. PHYSICIAN'S NAME (Type))OHN	S. HARSHE	Y ME	22e. ADDRESS	hutt.	4 route	moter	200		
1		23b. DATI		E OF CEMETERY OR C	DEMATORY	1 224 LOCATION	(City or Town)	(County)	(Stote)		
12	30. BURIAL, (REMATION, REMOVAL (Specify) Burial					ZSG. LUCATION		rroll,	' '		
1	Buria!	15/		thel Cen	lecery	RY REGISTRAR			PIG •		
ľ	4. FUNERAL DIRECTOR C.M. Waltz	, Box	241, Sykes	ville. M	Id. MAY	Y Z 1969	2Sb REGISTRAR'S	es funda	-		

MAKILAND STATE DEPARTMENT OF HEALTH

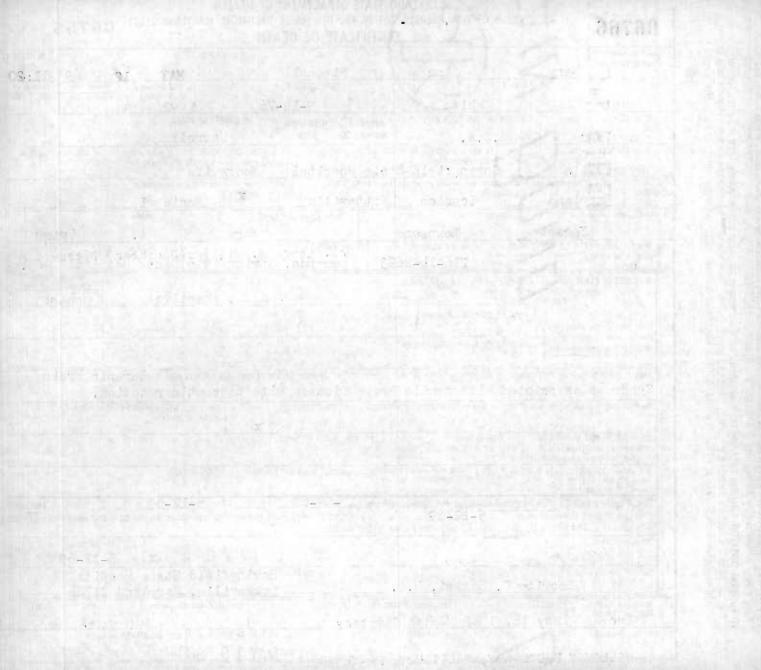
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	1			D STATE DEPARTMENT		
1	-	06765			BALTIMORE, MARYLAND 21201	0.1
		17(700)		CERTIFICATE OF DEA	TH 067	64
= -2=		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
er death. Kuneral Vand 2 er death.	1	Type or print) ALIC	E ESTEL	E MATHE	R Manth / Day	1969 945 M
in the second	3. S	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
# 4 3 5		FEMALE	WHITE	DEC.3/,	1889 last birthday) YRS.	MONTHS DAYS HOURS MIN
hours after by the Wages I hours after	7a.		7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
within 24 hours after death lely filled in by the funeral ban papers. Rages I and i		MARY LAND	4-5-9.	WIDOWED DIVORCED	CARROLL CO.	Md.
filled pape pape thin 7.	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 12a	. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
equires that the death certificate be executed within 24 physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban paper burial, crematian, ar removal, and in any event, within 72	1	ESTMINSTER	give street address), CO.	GEN. Hospt. dur	ing most of working life, even if retired.)	INDUSTRY
		USUAL RESIDENCE (Where deceased	d lived, if institution: Residence before		E CITY LIMITS? 13e. STREET AND NUMBER	
am sam	dui	MARYKAN	13b. COUNTY CARROLL	WESTMINSTER YES	NO 138 WILLISS	T.
and o rem	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN N		Last
be day		FREDER	EICK D. MILLE	FR	ALICE	FULTON
e death certificate be attending physician c permit. Then please an, ar removal, and in	16a	WAS DECEASED EVER IN U.S. ARME es, na, ar unknawn) (If yes give war			Address	WESTMINSTEP
tiffic hys		NO O	216-14-6	STHMRS HARRY	G. EMIGH, WILLIS SI	mp.
The F		18. CAUSE OF DEATH (Enter anly	ane couse per line for (o), (b), and (c).)	KALLEN LINES OF	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ndir ndir ar re		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)			
ne death attendii permit. ian, ar re		4109	DUE TO, OR AS A CONSEQUENCE OF			
t the		Canditians, if any, which gave	(h) Co	rower Thron	bosia	
hat n. sy t ans		rise ta immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	0		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital or attending physician. NRECTOR: After this certificate has been signed by the attending physician and cample e 3 shauld be detached far use as the burial-transit permit. Then please remave cased with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event		last.	(c)		-nd	
phys igne uric		PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(a)	
ng F	-					
law ndir bee	ATIO	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
AN: The law re all or attending icate has been far use as the Health priarta	CERTIFICATION	AND STREET, I		YES	NO CAUSES OF DEATH?	
or or use		21a. ACCIDENT WAS UNDERLYING			(Enter nature of injury in Part 1 or Part 2,	Item 18.)
Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examine				
G PHYSICIA the haspira tribis certific detached f te Dept. af f	A S	21d INILIRY OCCURRED 21e P	PLACE OF INJURY (AT HOME, FARM, STREET, FA		.D. Na. City ar Tawn	Caunty State
PH his his etac Dep		While Nat while of wark at work	OFFICE BUILDING, ETC.			
N Y T			haspital) attended the decease	ed fram opul 30	1969, to may 1, 19	69 , that (I) (we) last
d b d b d b e St e St	1	saw the deceased aliv	ve an man !	969 and that in (my) (au	r) apinian death accurred an the do	ite and haur and fram the
OR. Dine			(I) (we) (did) (did not) view the	bady after death.		
Will William		22b. SIGNATURE		ATTENDING C	MED. STAFF 22c.	DATE SIGNED
ed Se Se		plu	S. Harshey	DEGREE PHYS.	DIRECTOR L PHYS. L	11/69
May Page Pige File		22d. PHYSICIAN'S NAME (Type)) O H A	V S. HARCHEN	22e. ADDRESS	. 14 //	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-		JUHI	/	M.D. Junes	or st. Westmind	in med 21157
HC age	23a	BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 °		BEMOVAL (Specify) m	my 2/1969 Who	minster Cer	neliny Worton	sur md.
VR A15	24.	FUNERAL DIRECTOR	ADDRESS ADDRESS	250. R	EC'D BY DEGISTRAR 25b. REGISTRAR'S	SIGNATURE
30M REV. N. 30	L	Kr. Ludos	1. Walnust	in, md. DATE	MAI DOD J	



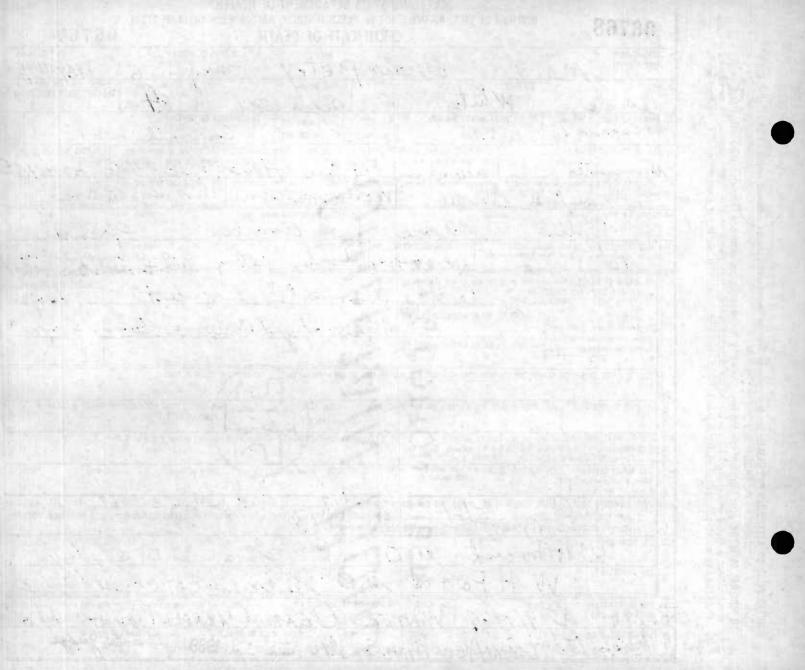
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/			110100					ATE OF D				00103)
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	unerconnection of any and any and any and any		Ma	ry	3-1-17	Ann		Mitchel:	1	1	Manth Doy	Yeor 69	11:20
	fter e fu	3. S	EX		4. RACE			S. DATE OF BIRTH	1		AGE (In years	IE UNOER 1 YEAR MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.
4	rs a		Female			ite			4-76		92 YRS.	MORTHS ONTS	min.
	hou s. I	70. cau	BIRTHPLACE (State or forei	gn 7	b. CITIZEN OF WHA			NEVER MARRIE	U	OUNTY OF DEA			
	24 i ed i pper 72 n	10	Maryland CITY OR TOWN OF DEATH		U.S.A		WIDOWED	The same of the sa	lead	Carrol			Md.
	within 24 hours after death tely filled in by the funeral ban papers. Pages 1 and 2 within 72 hours after death	10.	Sykesville		spri	ME OF HOSPITAL OR IN reet address) ngfield	State H	Mospital	during mast a	CCUPATION (Kin If warking life, Sewite	d of work dane even if retired.)	12b. KIND OF E	USINESS OR
		13a. adm	USUAL RESIDENCE (Where issian) STATE Maryla	deceosed nd	lived, if institutio	Desidence before	13c. CITY OR	TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET	AND NUMBER		
	and de see	14.	FATHER'S NAME First		Middle	Last	1	. MOTHER'S MAIDE	EN NAME First		Middle		Last
	d (in a d		The	omas		Townsen			Mar		Α.	Tw	rigg
	requires that the death certificate be executed within 24 hours after death g physician. signed by the attending physician and completely filled in by the funeral s burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 a burial, crematian, ar remayal, and in any event within 72 hours after death a burial, crematian, ar remayal, and in any event	160	WAS DECEASED EVER IN L (es, na, ar unknown) (If	J.S. ARMEI yes give war	or dotor of conicol	6b. SOCIAL SECURITY 216-14-20	NO. 17.	Records	ra A. W Sprin	ilkins(gfield	Daughter State Ho) Pitts	
	cer Ig p The ma		18. CAUSE OF DEATH (E	nter anly	ane cause per line	far (a) (b), and (c)						APPROXIM	ATE INTERVAL SET AND OBATH
	he death ce attending permit. The		PART I. DEATH WAS	CAUSED I	BY: CAUSE (a)	Folmer		I where	entosis	. inact	ive	mont	
	atte an, an		0119	MMEDIATE		A CONSEQUENCE OF	71)						
	the sit p		Conditions, if any, which rise to immediate caus		(b)			7					
	equires that the physician. signed by the burial-transit burial, cremati			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
0	ysici ysici ned ial- ial,		last.)	(c)								
d	sig bur		PART 2. OTHER SIGNIFICA										in
1,	ding ding ding the	NO	Syndrome as										
0	ICIAN: The law requires that the death certification or attending physician. Trificate has been signed by the attending physion of far use as the burial-transit permit. Then play the attent of far use as the burial, cremation, ar remaval,	CERTIFICATION	4.2		INDITION FOR WHIC	H OPERATION WAS PI		20a. AUTOPSY	NO 🔀	CAUSES OF			RTIFYING
	AN: or u Heal	AL CE	21a. ACCIDENT WAS UND		21b. TIME OF 1 HOUR A.M.	NJURY Month Day Year	21c. H	OW INJURY OCCUR	RED (Enter note	ure af injury in	Port 1 or Part 2, I	tem 1B.)	
	spite spite ed ted of	MEDICAL	(If either, natify medical	examiner	P.M.		9						
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to	N	21d. INJURY OCCURRED While Nat while at wark	2.5		T HOME, FARM, STREET, EA FFICE BUILDING, ETC.				City or T		Caunty	State
	by be Stat		22a. I certify that saw the deceo	(I) (this	haspital) atten	ded the deceas	ed fram	.0-09-68	, 19	, to_5-1	2-69 , 19	, that	(I) (we) last
	R: A		causes stated	sed aliv abave, l	re on 5 = (1) (we) (did) (d	lid nat) view the	bady after (d that in (my) i death.	(our) apinior	n death occu	rred on the da	te and hour o	nd fram the
	ATI CTO sho vith		22b. SIGNATURE	4			bady direct					ATE SIGNED	
	OR be r		York	to	1	gree	DEGR	EE PHYS.	MED. DIRECT	OR PH	AFF IYS.	5-12-69	
	May RAL I		22d. PHYSICIAN'S NAME (Type) G1	ocri	to G. Sa	gisi, M.I),	22e. ADDRES			State Ho		
	UNE 4 UNE Sector	230	BURIAL, CREMATION,	23b. DA		23c. NAME OF		CREMATORY		ville, d. LOCATION (C	Maryland	(County)	(State)
	Pag O Flire sho	200.	REMOVAL (Specify)		16, 196				200			, ,,	
	V 41	24.	FUNERAL DIRECTOR	7714	. 0, 1,0	ADDRESS			a. REC'D BY REC	GISTRAR	2Sb. REGISTRAR'S	SIGNATURE	Maryland
	VR A15		HOLLOWAY	5 (OMDANY	CAL TODUD	/ MADA	DI DI	ATEMAY 1		0.00	elas Juso	lee.



	R.			D STATE DEPARTMENT OF HI		
		OCHCH	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	
		06767		CERTIFICATE OF DEATH		06766
€ _2€		ECEASED-NAME FI	st Middle	A Last	2a. DATE OF DEATH	2b. HOUR
after deoth. the funeral ges 1 ond 2 after death.	(Type or print)	SE ERNEST	MOXLEY	Man 16	Y 1969 3 30 M
fun 1	3. S	X	4. RACE	S. DATE OF BIRTH	AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
ours after		MALE	WHITE	12-3-190	last birthday) YRS.	MONTHS DAYS HOURS MIN.
hours hours		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
24 ho	CON	MARYLAN	1. S.	WIDOWED DIVORCED	ARROLL	Md.
vithin 24 filled oon pape within 2	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a. USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
bon with	Δ	EW WINDS	OR RUKA	during mos	OFACTURINE	INDUSTRYHOE
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth be retained by the hospital or ottending physician. INRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral e. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 ad with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	13a.		posed lived if institution: Residence before	13c, CITY OR TOWN 13d, INSIDE CITY LIM		
com com		MAKYLAN	DCHKKONG JYL	IN HINDSOR	1 DAIFA	
rom rom	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME Fire	st Middle	Lost
d l di	1/-	. WAS DECEASED EVER IN U.S.	RMFD FORCES? 116b. SOCIAL SECURITY	NO. 17. INFORMANT	CAAY	RIDAL
icat o Perci	100	(es, no, opunknown) (If yes)	re war or dates of service)	700 / DIA - AM	Address	NINE SAD MA
phy	H	Lio cause of prayi (f.)	W/6-76-7	140X TRACE CITIO	XXEY/VEW/	APPROXIMATE INTERVAL
ne deoth cer ottending p permit. The		PART I. DEATH WAS CAL	only one couse per line for (o), (b), ond (c) SED BY:	2011	,	BETWEEN ONSET AND OEATH
deo remitre r, or	1	4339 IMMI	DIATE CAUSE (a)	ras mome	one	10 ms
t the of the or sit pe		Conditions, if any, which gas	DUE TO, OR AS A CONSEQUENCE OF			
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equires tha physician. signed by burial-tron burial, crer		stating the underlying cause last.	(1)			
quire phys igne uria		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
ng pan sen s to b	z					
be and in the rior	ATIO	19a. DATE OF OPERATION	b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
Se S	CERTIFICATION			YES NO	CAUSES OF DEATH?	
Sor of or used lead to the sort of the sor		21a. ACCIDENT WAS UNDERL		21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2,	Item 18.)
big	MEDICAL	(If either, notify medical exc	miner) P.M.	9		
OR ATTENDING PHYSICIAN: The law requires the be retoined by the hospital or attending physician. DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-trooped with the State Dept. of Health prior to burial, cre	×	21d. INJURY OCCURRED 2 While Nat while	1e. PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D. Na.	City or Town	Caunty State
te D te D		di waik di waik		400		18 11 18 1 2
Abing d by t After d be d be de State	L	22a. I certify that (I) (saw the deceased	this haspital) attended the deceas alive an 5/15/64	ed fram grad that in (my) (out) anin	ian death accurred an the d	ate and hour and from the
P. P		causes stated abo	ve, (1) (we) (did) (did not) view the	body after death.	ian deam accomed an me a	are and hadr and ham me
AT September 1		22b. SIGNATURE	1 4 -		D. STAFF 22c.	DATE SIGNED
OR be 3		M.E. KO	chutson 1		D. STAFF PHYS.	5/14/49
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exerted to the poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and an director, page 3 should be detached for use as the burial-tronsit permit. Then please remains should be filed with the State Dept. of Health prior to burial, cremation, or removal, and privant		22d. PHYSICIAN'S NAME (Type)	E. ROBERTSO	22e. ADDRESS	Windsor	mo
HOS ge 4 FUN recto	239	BURIAL, CREMATION, 23	b. DATE 234. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 E	1	REMOVE (Spedify)	2-17-69 WING	ANORE CEM.	UNIONVILL	E IVID.
VR ATEYAL	24.	FUNERAL DIRECTOR	ADDRESS			
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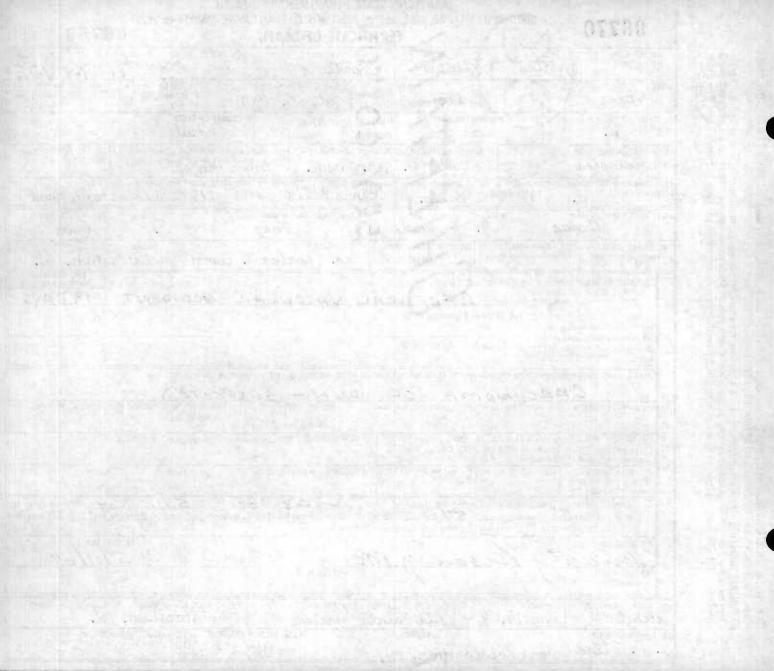
		MARYLAND STATE DEPARTMENT OF HEALTH	
	OCHER	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	
	06768	CERTIFICATE OF DEATH	06767
- 22	1. DECEASED-NAME Firs		2b. HOUR
death.	(Type ar print) // A	IV ELIZABETH Petry may Month	Day Year 69 1045 N
	3. SEX	14 RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
and the second s	10 malo.	White Res 2-1884 lost birther	YRS. MONTHS DAYS HOURS MIN
200	7o. AIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	11.0.
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illed pap pap nin 7	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af wark d	
with the state of	Manchester	give street oddress 10 v9 View during most of working life even if petir	ad INDUSTRY HOME
d v delete carb		ised lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBE	R
ample of care	admission) STATE marulas	1 136. COUNTY West MINSTONE NO 330 Mang	aret are.
any any	14. FATHER'S NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First Midd	le Lost
cian and co	John	- Moore amelia	gornell
ate icial leas an	160. WAS DECEASED EVER IN U.S. AR Yes, no, or ynknown) (If yes give	war or dates of service)	. //
th certific Jing physi Then p remaval,	res, no, or unknown)	war of doles of service) 218-54-3344 hander Petry 330 ft	anyane the
ng p The	18. CAUSE OF DEATH (Enter of	nly one cause per line for (o), (b), ogd (c).)	BETWEEN ONSET AND DEATH
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t the	Conditions, if ony, which gave rise to immediate cause (a),		com s com
	stoting the underlying couse		
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requires that the death certificate be g physician. I signed by the attending physician at burial-transit permit. Then please raburial, cremation, ar remaval, and in	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
law randing help help help help help so the iar ta	NO		
The law re attending has been se as the th priar ta	19a. DATE OF OPERATION 19b	CAUSES OF DEATHS	NGS CONSIDERED IN CERTIFYING
IAN: The ol ar attificate ha far use Health p	HE ALCOHOLD WAS INDEDIVE	YES NO	. 0 . 10 . 10 .
YSICIAN: ospital ar certificate hed far us	21a. ACCIDENT WAS UNDERLY	ATH HOUR A.M. Month Day Year	rt 2, Item 18.)
Sicil spite ertifi ed t	(If either, notify medical exam	iner) P.M. 19	County State
by the hospital of the this certificat be detached far State Dept. of He	While Nat while	P. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town	county stole
by the ly the the pe de de State [at wark at wark	his haspital) oftended the deceased fram 2/17 1962, to Mars 6	, 1969 , that (11) (we) las
Afte be Sto	saw the deceased		e dote and hour and from the
ATTENIC etained CTOR: A shauld ith the	causes stated abay	re((I)) (we) (did) (did nat) view the body after death.	
OR ATTEND De retained by STRECTOR: After 3 shauld be with the S	22b. SIGNATURE	ATTENDING MED. STAFF	22c. DATE SIGNED
OR DER	WIY	DEGREE PHYS. DIRECTOR PHYS.	5/6/69
TAL OI nay be AL DIR page pege ie filed	22d. PHYSICIAN'S NAME (Type)	11 H FA A TOL MO 22e. ADDRESS	- 11/2/1/62-
P 5 6 7 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre	V	VIII OMING TOURS CHESTICA	M 4 mil
HO dge dge Fullirec	23a, BURIAL, (REMATION, 23b	DATE 23C. NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City or Town)	(County) (State)
5 5 5 s	DOKING D	ADDRESS 250. REC'D BY REGISTRAR 250 ARG'ST	RAR'S SIGNATURE
VR A15 M)	24. FUNERAL DIRECTOR 1	7 1 1 1/2 1/2 1/2 1 2 1960 WOLL	mes finge
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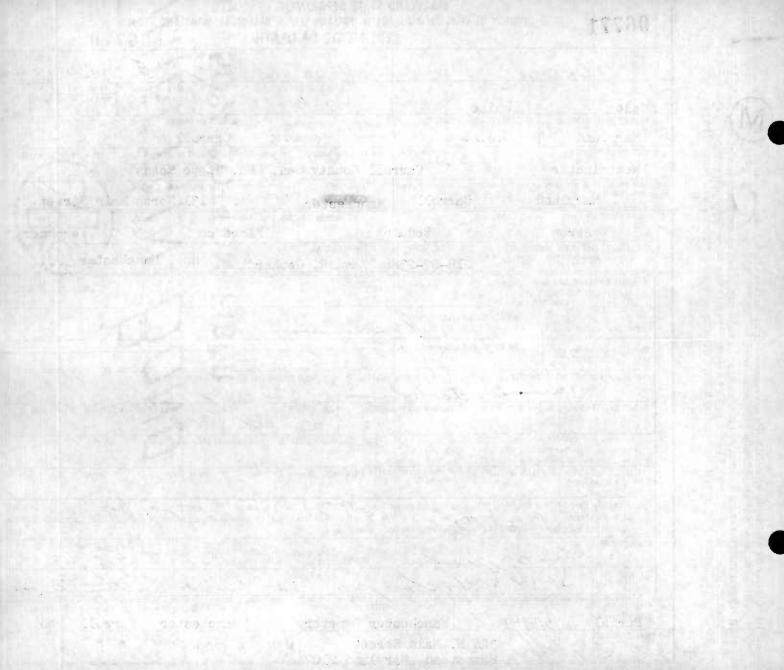
L	06769		CERTIFICATE OF D	EATH		0676	8
	DECEASED-NAME First Type or print) Willia	Middle	Lost RAU	20.	DATE OF DEATH May 2	Рру Уер	2b. HOUR 2:25Pm
3. 5	EX	4. RACE	S. DATE OF BIRTH	1	6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	White	1881	(?)	last birthday) 88 ? Y	RS. MONTHS DAYS	HOURS MIN
can	BIRTHPLACE (State or foreign intry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED NEVER MARRIED DIVORCED		INTY OF DEATH		Md
	CITY OR TOWN OF DEATH Sykesville	give street address) SPRINGFIELI	INSTITUTION (If not in haspital O STATE HOSPITA	12a. USUAL OCCI during most of NONE	UPATION (Kind of work da warking life, even if retire	d.) INDUSTRY	BUSINESS OR
agn	Maryland Maryland	ed lived if institution: Residence before 13b. COUNTY		INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDE		Middle		Lost
	Conrad	Rau	Transport	Eliz	abeth	?	
100	(If yes give w	NED FORCES? or or dates of service) 16b. SOCIAL SECURIT		records	Address		
	1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED	y ane cause per line for (a), (b), and ((c).)		National Property	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)Uremla				d	ays
	Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE (
	rise to immediate couse (a),	(b) Nephro-so				,yea	ars
	stating the underlying cause		arterioscleros	is		year	S
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION	ON GIVEN IN PART 1(o)	10	
N	Schizophreni	c reaction, cata	tonic type				
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY	?	20b. IF YES, WERE FINDING	GS CONSIDERED IN C	ERTIFYING
RTIF			YES [NO 🗀	CAUSES OF DEATH?		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth Doy Year) P.M.	or 19	RED (Enter nature	e of injury in Part 1 or Port	t 2, Item 1B.)	
W	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or	R.F.D. No.	City ar Town	County	State
	220. I certify that (t) (thi sow the deceosed ol causes stoted obave	s haspital) ottended the decective on May 27, (1) (we) (did) (did hot) view th	1969 and that in (mark)	, 19 <u>29,</u> (aur) opinian d	to	19 <u>59</u> , that dote and hour	t (4) (we) lost ond fram the
h	22b. SIGNATURE	ha Gegray	ATTENDING	MED.	STAFF C	22c. DATE SIGNED	
	22d. PHYSICIAN'S	W.	DEGREE PHYS. 22e. ADDRESS	MED. DIRECTOR	R STAFF PHYS.	May 27,	1969
		a Ozgun	M.D. Spring	gfield S	tate Hospita	a,Sykesvi	lle,Md.
				Lani			40
- 3	BURIAL, CREMATION, 23b. I RIMOVAL (Specify) 5	0ATE 23c. NAME O	dam Cemetry	23d.	LOCATION (City or Town)	(County)	(State)

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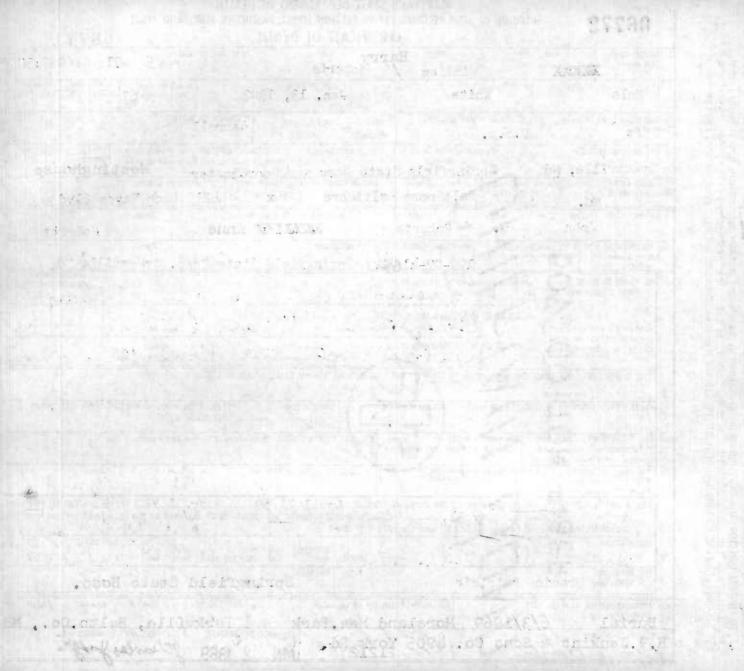
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the furnisher states	3. SI	X Male	4. RACE	White	S. DATE OF BIR July 2		6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS GAYS	IF UNOER 24 HRS. HOURS MIN
d in by Pers. P	70. cou	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF W	HAT COUNTRY? SA	8. MARRIED X NEVER MARR WIDOWED DIVORC	(IED)	arroll		M
e executed within 24 and completely filled remove carbon pape in any event, within 72		ITY OR TOWN OF DEATH	11. N give	AME OF HOSPITAL OR INS	TITUTION (If not in hospital Gen. Hospt.	during most of wo	ATION (Kind of work done rking life, even if retired.)	12b. KIND OF I	BUSINESS OR
urted w umplete ve carb event,	13o. odm	USUAL RESIDENCE (Where decision) STATE	eosed lived, if institut	Balto.	13c. CITY OR TOWN Owings Mill	3d. INSIDE CITY LIMITS?]	3e. STREET AND NUMBER 11509 Reiste	erstown !	Road
physician and campletely filled in en please remove carban papers.	14.	FATHER'S NAME Thomas	Middle	. Rawl	ings 15. MOTHER'S MAI	DEN NAME First	Middle	(00	Lost K
ificate (nysician pleas		WAS DECEASED EVER IN U.S. A es, has or unknown) (If yes gi	ARMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY I		rles M. Br	wwn Reiste	rstown,	Md.
POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death rolling to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death	MEDICAL CERTIFICATION	Conditions, if ony, which governse to immediate couse (o stating the underlying couslost. PART 2. OTHER SIGNIFICANT (Company) 190. DATE OF OPERATION 11 210. ACCIDENT WAS UNDERL OR CONTRIBUTING AUSS OF (If either, notify medical examples) 21d. INJURY OCCURED 2 While Not while 2 of work of work of work of work 1000 courses.	JSED BY: DIATE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CONTRIBL PLACE OF INJURY DISTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE	AS A CONSEQUENCE OF AS A CONSEQUENCE OF DITING TO DEATH BUT NO HICH OPERATION WAS PE F INJURY Month Doy Yeor AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	DT RELATED TO THE TERMINAL FORMED 200. AUTOP YES 21c. HOW INJURY OCCU	DISEASE OR CONDITION SUSPENSITY NO USPENSITY NO USPENSITY OF R.F.D. No. 1969, 1000000000000000000000000000000000000	City or Town Cath accurred an the do	ONSIDERED IN CE	Store
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OF OF STATE		FUNERAL DIRECTOR	May 14,69 Sons Reis	ADDRESS		2So. REC'D BY REGISTI			dela



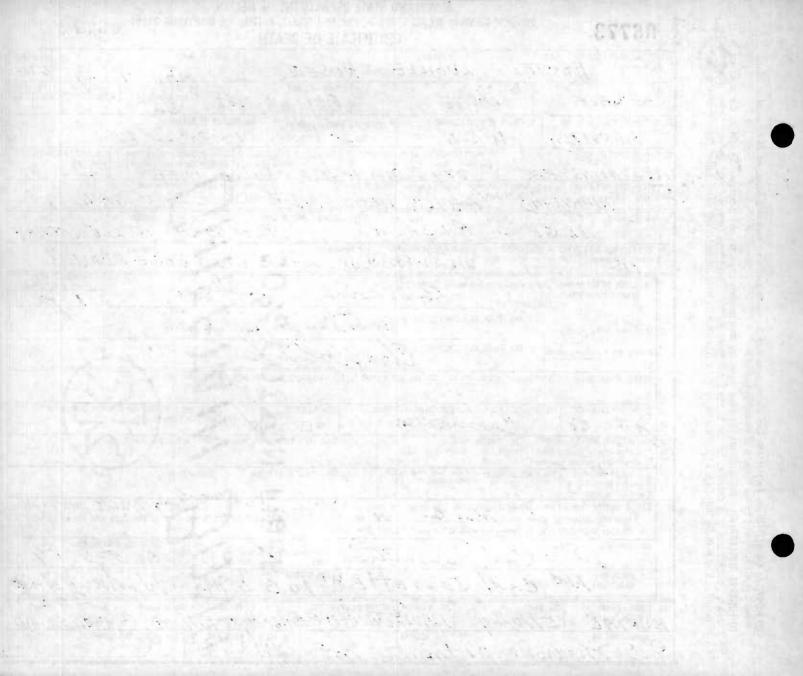
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	n 1		06771	DIVISION O	F VITAL RECORDS,	301 W. PRESTON S	STREET, BALTIMO	DRE, MARYLA	ND 21201		
-			.,,,,,,			CERTIFICATE OF	F DEATH		067	70	
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	filled poperthin 7	10.	CITY OR TOWN OF DEATH	11.1	NAME OF HOSPITAL OR IN	STITUTION (If nat in haspita	1 12a. USUAL O	CCUPATION (Kind	af wark dane	12b. KIND OF	
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	South of the state	odn	ission) STATE Maryland	13b. COUNTY	Carroll	Manchester	YES NO DO	131	North M.	ain Str	et
	ond rem	14.	FATHER'S NAME First	Middle	Last		MAIDEN NAME First		Middle		Lost
	be n o		Aaron		Redd	ing	Flor	rence		Ker	chner
	e deoth certificote b otherding physician vermit. Then please on, or removol, and i	160	(If yes give w	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY 218-07-23		Gebhardt	Rd	1 Manche	ester,	Md
	ng P The		18. CAUSE OF DEATH (Enter an	y one couse per	line for (a), (b), and (c).)				APPROXIA BETWEEN OF	NATE INTERVAL NSET AND DEATH
	eoff endiinit. or re	18	PART I. DEATH WAS CAUSED	BY: TE CAUSE (o)							
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Y	The lo often of the bas be se os th prio	CERTIFICATION	19a. DATE OF OPERATION 19b.	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. AU YES [JTOPSY?	20b. IF YES, V CAUSES OF D	WERE FINDINGS C EATH?	ONSIDERED IN CE	RTIFYING
	nor are		210. ACCIDENT WAS UNDERLYIN			21c. HOW INJURY (OCCURRED (Enter nat	ture of injury in P	ort 1 or Part 2,	tem 18.)	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exacuted Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complet director, page 3 should be detached for use as the buriol-transit permit. Then please remove car should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event	ME	21d. INJURY OCCURRED Value Not while at work	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION St	treet ar R.F.D. No.	City or Tax	wn	County	State
	ING by t ffer be o		22a. I certify that (I) (thi saw the deceased a	s haspital) at	tended the decease	ed from my	3, 1964	, ta fr	5, 196	5 , that	(I) (we) last
	ined I		saw the deceased a causes stated above	ive an , (I) (we) (did) (different) view the	9 <u>6 5,</u> and that in (body ofter deoth.	my) (aur) apiniai	n death accur	red an the da	te and haur o	and fram the
	ECT ref	П	22b. SIGNATURE		7	ATTEN	DING MED	IAT2	22c. 1	DATE SIGNED	
	Dig pe		Julia	-5, /	fershing	DEGREE PHYS.	☐ DIRECT	TOR STAI	s L 3	15/6	5
	TO HOSPITAL OR Poge 4 moy be r. To FUNERAL DIRE director, page 3 should be filed w.		22d. PHYSICIAN'S NAME (Type)	tNS.	HARSH	EYMO 22e. A	Janely 8	wat.	west	- The second	Lynny .
	HOS ge 4 :UN ecto	23a	BURIAL, CREMATION, 23b. [ATE	23c. NAME OF	CEMETERY OR CREMATORY	23	Bd. LOCATION (Cit	y ar Tawn)	(Caunty)	(State)
	0 0 0 ip ig		REMOVAL (Specify) Burial 5/	7/69	Manche	ster Cemeter	ry N	Manchest	er Car	rroll	Md.
	OF AIR AV	24.	FUNERAL DIRECTOR	1/ 22	4 N. Main	Street	2So. REC'D BY RE	GISTRAR 2	Sh. REGISTRAR'S	SIGNATURE	
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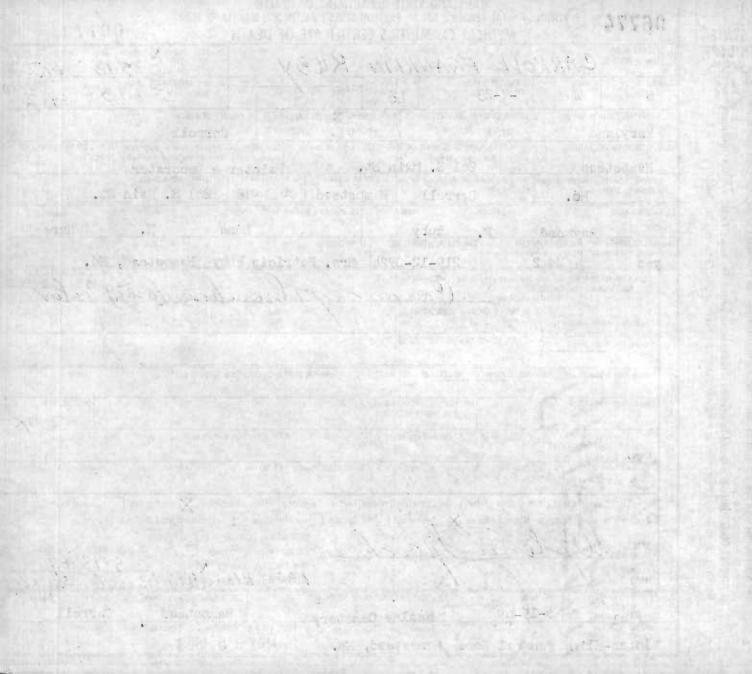
V	1		06772	DIVISION OF VITAL RECORDS,		BALTIMORE, MA	RYLAND 21201	
00					ERTIFICATE OF DEA	TH	0	6771
4	funeral 1 and 2 ier death.		CEASED-NAME First	Middle H William	arry Lost Roberts	2a. DATE OF	Month 5 Day 1	Year 69 7:30 7
4	nous after acom. by the funeral Pages 1 and 2 haurs after death	3. 5	X Male	4. RACE White	S DATE OF BIRTH	1902		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.
•	filled in by papers. Print 72 haurs	70. cau	BIRTHPLACE (State or foreign natry) Pa	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED			Md
	sely filled bon pape		TY OR TOWN OF DEATH Sykesville, Md	11. NAME OF HOSPITAL OR INS give street address) Springfield	State Hosp		life, even if retired.)	2b. KIND OF BUSINESS OR INDUSTRY
	and dampletely refinave carbon n any event, with	13o. adm	USUAL RESIDENCE (Where deceose issian) STATE Md	d lived, if institution: Residence before 136. COUNTY Baltimore	13c. CITY OR TOWN 13d. INSIGNATION 13d.	The city LIMITS? 13e. ST	reet and number 10 Loch Rave:	n Blvd
(3	n and n and in any		ATHER'S NAME First John	Middle Last W. Roberts		IAME First XX Anna	Middle	Roberts
4	physikian and en please refree please refread aval, and in ar	160.	WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (If yes give wa	ED FORCES? If or dates of service) 190-09-41		d State h	Address osp. Sykesvi	
J. J.	aquies mai me aeam ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem		Conditions, if any, which gave inse to immediate cause (o), stating the underlying couse last.	y ane cause per line for (a), (b), and (c). BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	stin H	eart =	For Cur Securition (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTROL CO
1	an: the law re	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE			F YES, WERE FINDINGS CONS S OF DEATH?	IDERED IN CERTIFYING
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	43 2 5 C		22d. PHYSICIAN'S	U. Pierie	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. 22c. DATE	13/169
1	Page 4 may be to Funeral Dage 4 may be director, page should be file	22.	NAME(Type) Gracio		CEMETERY OR CREMATORY	ringfiel	.d State Ho	osp. County) (Stote)
9	dire directly	24	REMOVAL (Specify) BUTTEL FUNERAL DIRECTOR	/3/1969 Morela	nd Mem Park		cvilla Ba	Lto.Co. Mc
	VR A15 (4) 30M REV. 1/68	H	W. Jenkins	Sons Coo 4905	21212195. MA		acharles	nego



MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06773 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH First 2b. HOUR within 24 hours after death (Type or print) BESSIE LUCILLE Month 6:25A.M 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In veors IF UNOER A YEAR IF UNOER 24 HRS. buriol, cremotion, or removal, and in ony event, within 72 hours affer ond completely med in by the t FEMALE OCT. 23 last birthday) MONTHS OAYS HOURS YRS. 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED CARROLL WIDOWED Z DIVORCED [eose remove carbon pad 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af working life, even if retired.) INDUSTRY OUSF-WIFE 13e. STREET AND NUMBER requires that the death certificate be executed LI3b. COUNTY. YES NO IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle NUSBAUM HOLLENBERRY 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 216-52-5723- MRS JOHN E. OTTO SAME ADDRESS Yes, no, or upknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), 3hd (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove buriol-tronsit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to t os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO TV of Heolth p TO FUNERAL DIRECTOR: After this certificate Page 4 moy be retoined by the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work ot work 22a. I certify that (I) (this pospital) attended the deceased fram sow the deceased alive on 1969, and that in (my . 19 6 7. to ___1969, and that in (my) (par) opinion death occurred on the date and hour and from the 3 should director, page 3 should should be filed with the causes stoted obove, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION 23b. DATE 2So. REC'D BY REGISTRAR



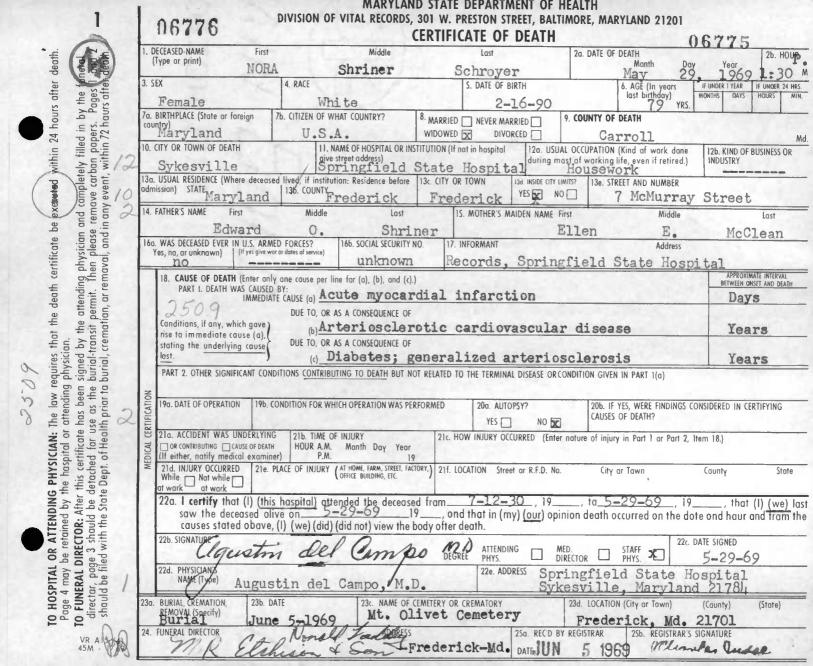
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06773 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Dov (Type or Print) FRANKLIN ESTI-Page DEATH MATED 3 6. AGE (In years 3. SEX IE UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 5-7-23 16 vr HOURS PM3 Doy 13 W 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH atong with form Maryland USA WIDOWED [DIVORCED Carroll Give Pages ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) with the Hampstead Painter & Decorator 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY Carroll 261 S. Main St. Hampstead YES NO Md. lond2 Item] Office ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle Edna M. Hare Ruby = hours the Chief Medical Examiner's Raymond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** executed within (Yes, no, or unknown) (If yes give war or dates of service) 219-12-0924 Mrs. Patricia Ruby Hampstead. Md. File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ the forwarded to certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing t CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES should be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) should PRIMARY TOR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK pleose execute FUNERAL DIRECTOR: 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry ond in my opinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health hose who willing NAME (Type) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 5-15-69 Hampstead Carroll Burial Wesley Cemetery 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Tipton-Eline Funeral Home Hampstead. Md. 10M REV. 1/68

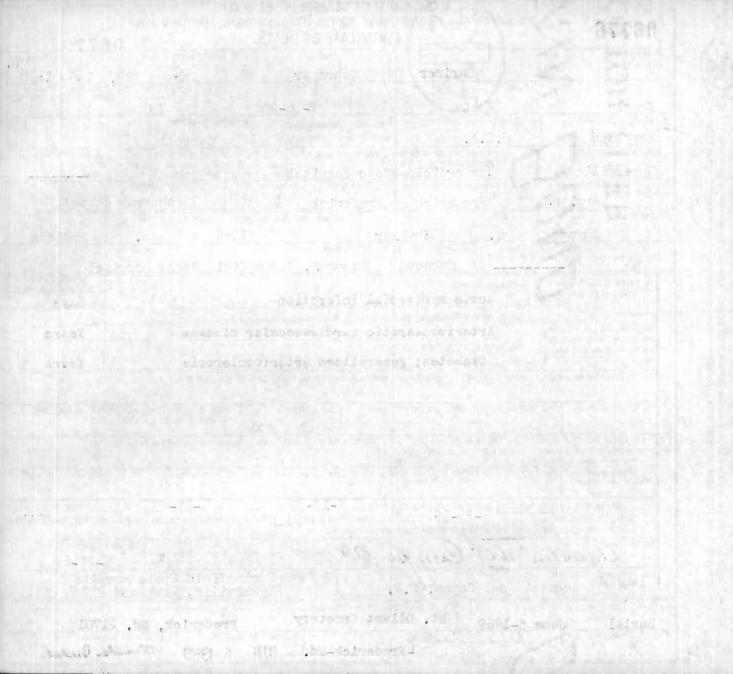


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06775 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH First 2b. HOUR (Type or print) Month Charles Ruder Edward May 3. SEX RACE S DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In veors last birthday) MONTHS HOURS February 14, 1907 62 Male 24 hours 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ban papers. within 72 ha Kagerstown, Md. and campletely filled in Carroll WIDOWED | DIVORCED X. IO CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR executed within give street address)
120 Main St during most of working life, even if retired.)

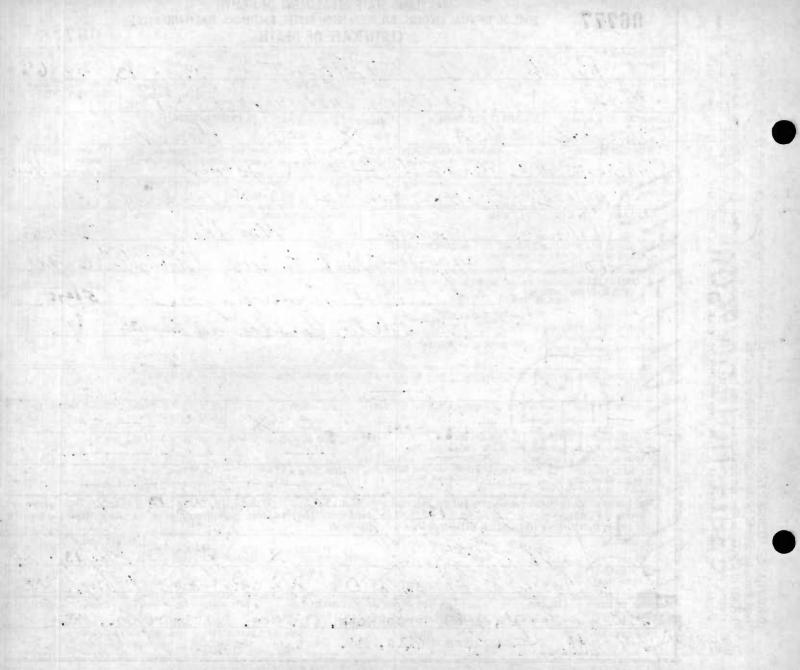
Bus Driver INDUSTRY attending physterer with a carbon carbon lease remove carbon with New Windsor Transportat 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY arroll odmission) STATE YES X 120 Main St. New Windsor 14. FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First Lost Unknown Unknown requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Md_ Yes, na or unknown) Ruder 819 Washington Ave. Hagerstown. HA John 214-09-7317 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise ta immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cousei signed t burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p peen as the pridr to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? NO 🗍 YES [far use State Dept. of Health Page 4 may be retained by the haspital ar After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work , and that in (my) lost opinion death occurred an the date and havr and from the should causes stated above, (1) (did) (did not) view the bady after death. TO FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF page 3 e filed DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S director, po should be f NAME (Type) M. E. Robertson 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Hagerstown-Washington-Md. Rest Haven Cemetery 250. REC'D BY REGISTRAR VR ATS 1969 30M REV. WAS Rest Haven Tuneral Chapel Hagerstown, Md.

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	16777	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STR	EET, BALTIMORE,	MARYLAND 21201	
7			CERTIFICATE OF			06776
1.	DECEASED-NAME First	Middle	Last	20. DA	TE OF DEATH	2b. HOUR
	(Type or print) Kabel	1- 1.	1A/DES	RT	Manth Day	1969 6 A
3.	SEX ACT	4. RACE	5. DATE OF BIR	RTH	6. AGE (In years last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS
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70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	RIED 9. COUNT	TY OF DEATH	
	MARYJONE	MSA	WIDOWED DIVOR	RCED 🗌	(arroll	N
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	12a. USUAL OCCUPA	ATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
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13 ad	mission) STATE (Where deceose	ed lived, if institution: Residence befor	OWING MILES	13d. INSIDE CITY LIMITS? 13	3e. STREET AND NUMBER	n.
75	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAI		Middle	100
)	TATTICK S HAML FIIST	middle cost	IS. MUTHER'S MAI	Mo-	/ :/	last
16	o. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 116b. SOCIAL SECURIT	Y NO. 17. INFORMANT	11/4/11	Address	PIHICIBY
	Yes, no, or unknown) (If yes give w	or or dates of service) 2/2-30 - /	+ 11 5	the Durry	10 Bywky	mile med
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and ((d)	110	- Charles	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4	PART I. DEATH WAS CAUSED	D BY: LTE CAUSE (a)	abral ho	in works	4.0	5 4475.
	4124	DUE TO, OR AS A CONSEQUENCE O	OF a a	-11		
	Conditions, if any, which gove)	(b) / liter	solistica (a	edit lass	we Oessins	?
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MEDICAL		H HOUR A.M. Manth Day Ye		(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MED			FACTORY.) 21f. LØCATION Street	t ar R.F.D. No.	City or Town	County Stote
	While Nat while of work	OFFICE BUILDING, ETC.	1// -		71	
	22a. I certify-that (I) (thi	is haspital) attended the deced	ised from Jan 30	, 1965, to	May 13, 19,	69, that (1) (we) lo
	saw the declased al	live an <u>May 3.</u> e, (1) (we) (did) (did not) view th	_19	/) (our). apinian de	ath accurred on the dat	te and haur and fram tl
ŀ	22b. SIGNATURE	(i) (see) (uiu) (piu-not) view iii	111		22c. [DATE SIGNED
	track	1199	DEGREE PHYS.	IG MED. DIRECTOR	STAFF D /	Jae 13.1965
	22d. PHYSICIAN'S	100	22e. ADDR		1 - 111	11 1
	NAME (Type) JOS	CAL E BUST	5 MID	YAM FSI	-EAD /1	any/one
23	BURIAL, CREMATION, 23b. C		OF CEMETERY OR CREMATORY		OCATION (City or Town)	(County) (State)
^		y 16, 1969 Gra	ce Meth. Ch		altimore Co	
1 24	FUNERAL DIRECTOR	-Owings Mil	ls, Md.	25a. REC'D BY REGISTR	25b REGISTRAR'S	STORAGE STORAGE
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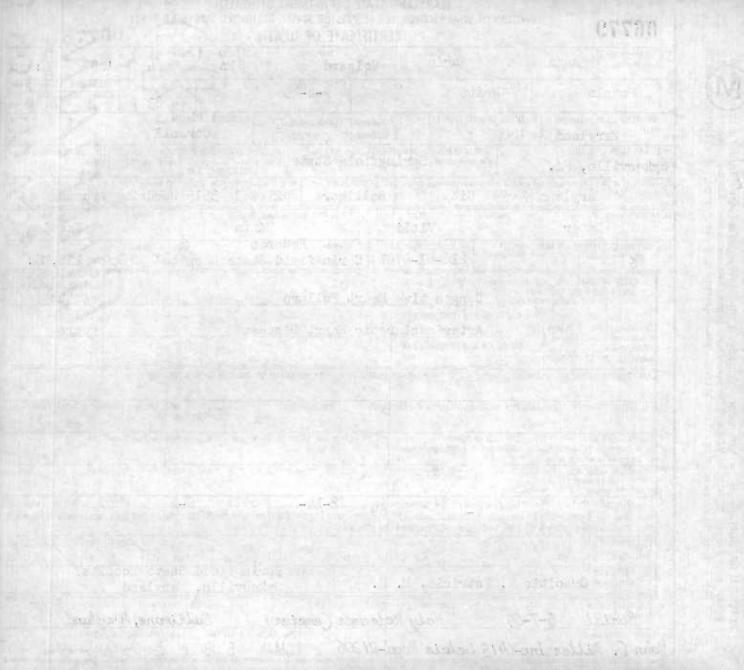


where the same		MARYLAND STATE	DEPARTMENT OF HEAL	.TH	
1	06778 D	IVISION OF VITAL RECORDS, 301 W. I	PRESTON STREET, BALTIMOT		1000
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ب 2 بل	1. DECEASED-NAME First	Middle	Lost 20	. DATE OF DEATH	2b. HOUR
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or carted ve care	13o. USUAL RESIDENCE (Where deceased I	ived, if institution: Residence before 13c. CITY 0	OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
90 % % % % % % % % % % % % % % % % % % %	101489414	D CHRROLL ME	STANIA TENTO	60/MAD/	JON 4-7.
ex em au	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle	Cost
ate be exercian and a care ease remo and in any	JOHA	UNGER	SAR	AH	PHRNER
ate icia an	16o. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give war or		INFORMANT	Address 6	omAD/SONS
tific shys	165, HO, OI OIIKHOWII)	705-10-650	3 MRS M.C.	INGER WES	TMINISTER
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the death certificate be executed within 24 hours after the attending physician and canapletely filled in by the sit permit. Then please remove carban papers. Pages notian, or removal, and in any event, within 72 hours after the sit provided in the second in the secon	PART 1. DEATH WAS CAUSED BY IMMEDIATE	: /biTE MAI/AD	ARDIAL INT	FARCTION .	18 HOURS
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requires that the death certificate be executed within g physician. I signed by the attending physician and canapletely fill a burial-transit permit. Then please remove carban po burial, cremotian, or removal, and in any event, within	lost.	# CORONARY	HEART	DISFASE	YEARS
equires the physicial signed 1 purial-tr	PART 2. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(o)	
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he are a pr	DI III		YES NO	CAUSES OF DEATH?	
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by the haspital ar by the haspital ar ffer this certificate be detached far u State Dept. of Heal	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLA	CE OF INITIRY / AT HOME, FARM, STREET, FACTORY, \ 216	IDCATION Street or R.F.D. No.	City or Town	County Stote
PHYS ie has his cel etache Dept.	While Mot while	OFFICE BUILDING, ETC.	July 100 Silver of K.I.D. No.	city of town	County
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Affre Ste	sow the deceased alive	an 1964, ai	nd that in (my) (our) opinion	death occurred on the date	and hour and from the
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OR ATTENDIN be retained by INRECTOR: After e 3 shauld be ed with the Sta	22b. SIGNATURE	2 // - () 1	10) 4445410410		ATE SIGNED
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may be RAL DIR	22d. PHYSICIAN'S	-14 1 + 1 hone T	22e. ADDRESS	20-11-	10-50 115
ERA Gr, F	NAME (Type) 1/1 NCE	TUT V. FUDICO XX	ANCHOK	JT. WESTM	INSTER, MU
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-traishould be filed with the State Dept. of Health priar to burial, cre	230. BURIAL, CREMATION, 23b. DATI	23c. NAME OF CEMETERY O	R CREMATORY 23d	I. LOCATION (City or Town)	(County) (Stote)
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	24. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REG		GNATURE
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		06779	DIVISION OF VITAL R		PRESTON STREET, CATE OF DEA		MARYLAND 21201	06778	
	1. D	ECEASED-NAME First Type or print) Anna	Mari	ddle .e We:	lost Lgand	20. DA	TE OF DEATH Month 1	Doy 169Year	2b. HOUR 6:45a
	3. SI	X Female	4. RACE White		S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		BIRTHPLACE (Stote or foreign ntry) Maryland	76. CITIZEN OF WHAT COUNTE USA	MAKKIE	D NEVER MARRIED DIVORCED		Carroll		Md
10	S	or town of DEATH ykesville, Md.	11. NAME OF HOS give street oddre	PITAL OR INSTITUTION (I	f not in hospitol 120 dur	o. USUAL OCCUPA ring most of wor House	ATION (Kind of work don rking life, even if retired.	e 12b. KIND OF INDUSTRY	BUSINESS OR
30	adm	USUAL RESIDENCE (Where deceosission) STATE Maryland	ed lived, it institution; keside	nce betare 13c, CITY	cimore YES	NO NO	3515 Woodri		9
4		FATHER'S NAME First Peter	Middle	Violi	15. MOTHER'S MAIDEN N	Anna	Middle	Das	lost ssing
	16a. Y	WAS DECEASED EVER IN U.S. ARA es, ng grunknown) (If yes give v	MED FORCES? var or dates of service) 16b. SOCIA 216-		INFORMANT Reco		Address Hospital S	ykesville	
		1B. CAUSE OF DEATH (Enter on	D DW		25			BETWEEN O	MATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUSE	ATE CAUSE (a)OTIGES		t Failure		Marie San	month	ıs
		Canditians, if any, which gave)	DUE TO, OR AS A CONSE		Wood Die	0000		140 0 000	
		rise to immediate couse (a), stating the underlying couse last.	(b) ATTORY		Heart Dis	3456		years	
	-	PART 2. OTHER SIGNIFICANT COL	(c) NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DISEAS	SE OR CONDITION	GIVEN IN PART 1(a)		
7	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20o. AUTOPSY?		Ob. IF YES, WERE FINDING: AUSES OF DEATH?	S CONSIDERED IN CE	RTIFYING
-	ERTIFI	21a. ACCIDENT WAS UNDERLYIN	IC TON THE OF HUMBY	las		NO PE		0.1: 101	
	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Month ner) P.M.	Day Year			f injury in Part I or Part		
	W	at work at work	PLACE OF INJURY (AT HOME, FA			100	City or Town	County	State
	1	22a. I certify that (I) (the saw the deceased a causes stated phoye	is haspital) attended the live an	e deceased from	nd that in (my) (au	19 <u>69</u> , to r) apinian de	ath accurred an the	date and haur	(I) (we) last and from the
1		22b., SIGNATURE	C. Dal	-1	GREE PHYS.	MED. DIRECTOR	STAFF PHYS.	C. DATE SIGNED	69
-		22d. PHYSICIAN'S NAME (Type) Gracit	tio V. Patrici		22e. ADDRESS	pringfi	eld State H le, Marylan	ospital	7
	230.		DATE 23c	NAME OF CEMETERY	OR CREMATORY	23d. LC	CATION (City or Town) Baltimore,	(County)	(State)
2	24.	FUNERAL DIRECTOR		ADDRESS			RAR 2Sb. REGISTRA	R'S SIGNATURE	
8	12	ohn (. Miller.	Inc-6415 Bela	ir Road–21.	206 DAM	AY 8	1969 Julia	relay Jacob	the i

MAKTLAND STATE DEPAKIMENT OF HEALTH



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FOR STATE	0	/0/09 KI			CAL EXA									0.9	3721	0
HEALTH DEPT.		ECEASED-NAME	First			ddle		Last			2a. DATE	KNOWN	Month	Day	Year	2b. HOUR
≈ c a 2	(Type or Print)	LONN	IE.	HILL		WHITE	HEAD			OF	MATED	5	30	169	10:a
deloy	3. S	EX	4. RACE	S. DATE OF BI		6. AGE (In last birtho	years IF UN	IDER 1 YEAR	IF UNDER		2c. DATE	PRONOUNCED	DEAD			2d. HOUR
de d	- 3	Male	Negro				YRS. MUNITIS	UATS	HDUKS	MIN.	Mont	h May	Day	30 ^{Yea}	19 69	10a
S Popular		BIRTHPLACE (Stote		b. CITIZEN OF W	HAT COUNTRY?	8.	MARRIED			9. COUN	ITY OF D	EATH				
te of s	coun	North	Carolina	USA			WIDOWED [RCED _		Carr					М
to de state of the	10. 0	ITY OR TOWN O			street oddress)		11.00		during			(Kind af wor		12b. KIN INDUSTR	D OF BUSIN	NESS OR
after death 8. Give Pag along with with the So eath.	10.	Sykes	ville		Spring	field	St. Ho	ospita	a. 1							
	130.	dmission) STATE	CE (Where decease	13b/COUNTY	iution: Kesideni Valdidel	De	altimo Vkesy		YES N	10	State	er and numi 66 Bro i/ng/F/i/e	okfi Adv.S	eld	Avenu	16
hin 24 haurs ncil in Item 1 niner's Office pages 1 and 2 haurs after d	14. F	ATHER'S NAME	First	Middl	e	Lost	7 7 7 7 7	THER'S MAIL	DEN NAME	First	777	777 Mid	dle///	77/7	///Last	
24 in 1 in															-675	
within pencil xamine ile page		es, no, or unknow	(ER IN U.S. ARMED FO	ORCES? or or dates of service)	16b. SOCIAL SI	ECURITY NO.	17. INFOR	RMANT				ADDRES	S			
ing" in pe edical Exar ermit. File within 72			DEATH (Enter only		line for (a), (b)	, ond (c).)					W.				PPRDXIMATE I WEEN DNSET A	
e executed pending" i ef Medical isit permit.		1/0/V	EATH WAS CAUSED IMMEDIAT	E CAUSE (a)		Lobar	Pneur	nonia				5113				
be exemple in the contract of		Conditions if a	ny, which gave)	DUE TO, OF	R AS A CONSEQ	UENCE OF										
d be Chie Trans		rise to immed	iote cause (a), ((p)	R AS A CONSEQ	HENCE OF								-		
shauld be e te ward "per a the Chief h burial-transit in any even	-	stating the un	derlying cause	(4)	K AS A CONSEQ	OLINCE OI										
This certificate shauld be executed ficate, writing the ward "pending" in be farwarded to the Chief Medical E d be used as a burial-transit permit. For remayal, and in any event within		PART 2. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBU	TING TO DEATH	BUT NOT REL	ATED TO THE	TERMINAL D	ISEASE OR (ONDITION	GIVEN IN	PART 1(o)				
tifica riting arde arde d as d as	NO	19a. DATE OF O	DEDATION.		Tion CONDITION	ON FOR WHICH	II ODED ATION						-	Inn	ALIZODOV	
certification of the certifica	CERTIFICATION	ING. DATE OF U	PERATION			RFORMED?	H UPEKALIUN							20.	AUTOPSY?	NO []
This icate, be fa	CERTI	210. EXTERNAL	CAUSE WAS	21b. TIME O	F INJURY Month,	Day, Year	21c. HOW	INJURY OC	CURRED (En	iter nature	of injury	in Part 1 ar	Part 2. It	em 1B.)	IE3XX	NO [
NER: This certificate, hauld be fulles. shauld be trian, ar rei	MEDICAL		R CONTRIBUTING	HOUR A		19								,		
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ICAL E. executar. Page ed far CTOR: Purial,			certify that I to	-							ection	, Ind	uiry [], or	nd in my	opinior
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o DEPUTY necessary, I the funeral 5 may be r 0 FUNERAL Health prii		EXAMINER'S NAME (Type)			400				RESS(Street			nty)				
ro DEPUT necessary the funer 5 may be 70 FUNERA Health p	230	BURIAL CREMA	TION Edwa	F. W	ilson,	NAME OF TEM	ETERY OR CRE					(City or Tow	n)	(County)	(Ste	ote)
_		REMOVAL (Spec	ity) 7	. 24,	69 0	·of my	Med.	(1)	ral	1	3 al	ril		-111	10	,
	24.	FUNERAL DIRECT	OR			ADDRESS		- 100	2Sa. REC'I		STRAR	2Sb. REC	ISTRAR'S	SIGNATU	100	2. :
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